Vol. XXII. WINNIPEG, JANUARY 1926 No. 1

The Canadian Nurse

Owned and Published Monthly by the
Canadian Nurses' Association

Subscription - - $2.00 a Year
Single Copy - - 20 Cents

The Canadian Nurse

wishes its readers

A Happy and Prosperous

New Year

DIFFERENCES IN BIOLOGICAL PRODUCTS

SOME physicians doubtless assume that all biological products, by whomsoever made, are more or less uniform in safety and potency because biological manufacturers are compelled to operate under license and regulation. But physicians themselves are also licensed and regulated by the government. Does this mean that all physicians possess a like degree of skill? Is there no difference between them?

Between one biological product and another the widest possible variation is frequently exhibited. The government merely prescribes minimum requirements. Between the minimum and the maximum is a wide range. *Tolerable* products are often far distant from *superior* products.

In the manufacture of all of our biological products potency, purity, and safety are kept steadily in view. The most stringent rules of procedure prevail at every step. Chemical, biological, and bio-chemical tests are constantly used to assure the practitioner that any serum or vaccine turned out in our laboratory can be depended upon to do what is expected of it.

May we not hope that you will specify "P. D. & Co." on your prescriptions for biological products?

PARKE, DAVIS & COMPANY

Remineralization

of the System, following infection or shock, is one of the fundamental axioms of therapeutics.

Compound Syrup of Hypophosphites "FELLOWS"

contains chemical foods in the form of mineral salts and dynamic synergists in an assimilable and palatable compound, and has established its reputation as the *Standard Tonic* for over half a century.

Samples and literature on request

Fellows Medical Manufacturing Co., Inc.

26 Christopher Street **New York City, U. S. A.**

LISTERINE

A Non-Poisonous, Unirritating, Antiseptic Solution

Agreeable and satisfactory alike to the Physician, Surgeon, Nurse and Patient. Listerine has a wide field of usefulness and its unvarying quality assures like results under like conditions.

As a wash and dressing for wounds
As a deodorizing, antiseptic lotion
As a gargle
As a mouth-wash dentifrice

Operative or accidental wounds heal rapidly under a Listerine dressing, as its action does not interfere with the natural reparative processes.

The freedom of Listerine from possibility of poisonous effect is a distinct advantage, and especially so when the preparation is prescribed for employment in the home.

LAMBERT PHARMACAL COMPANY

263-5 ADELAIDE STREET WEST, TORONTO, CANADA

Simplicity itself

—*to prepare an* IMPROVED *hypochlorite—with Zonite*

THERE is a marked contrast in the methods of preparing a hypochlorite by the customary methods and by the simple dilution of Zonite with water. A dilution of 1:1 yields a chlorine concentration equivalent to a standard Carrel-Dakin solution.

However, owing to the exceptional germicidal action of Zonite in the presence of organic matter, most hospitals use Zonite diluted 1:5. And at this strength, Zonite brings about a noticeably quicker and cleaner healing of the lesion than the ordinary hypochlorite.

ZONITE PRODUCTS COMPANY

165 Dufferin Street, Toronto, Canada

Zonite

May we send you our new booklet—"Hypochlorite in Medical Practice"?

Exceptional Wearing Qualities and Comfort

These are not dependent upon the style of a garment, or its first impressions upon your mind, any more than the comfort of a shoe depends upon its color.

If the garment is made from fabrics designed for the purpose, if the neck band is shaped right, if the sleeves are cut correctly and inserted knowingly, if the bodice and skirt are properly assembled; above all, if the entire garment is tailored, you will have exceptional wearing quality, with comfort.

We have studied these details and can assure you of satisfactory an l attractive uniforms.

Bland & Co. Ltd.

125a Mansfield Street
MONTREAL

The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses' Association

Vol. XXII. WINNIPEG, MAN., JANUARY, 1926 No. 1

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Editor and Business Manager:—
JEAN S. WILSON, Reg. N., 609 Boyd Building, Winnipeg, Man.

JANUARY, 1926

CONTENTS

		PAGE
The First Nurse in Canada		5
Queen Alexandra		6
Editorial		7
How to Make a Journal Useful and Attractive	*Mary M. Roberts*	8
A New Light in the Diagnosis of Lung Lesions	*Eileen Flanagan*	14
Red Letter Days in the Hospital for Sick Children, Toronto	*Edith McIntyre*	15
Sociology: Excerpts from Two Lectures	*Prof. S. H. Prince*	17
The Dormouse and the Doctor: Poem	*A. A. Milne*	19
Book Reviews		20
Department of Private Duty Nursing: How Life Insurance Benefits Business and Professional Women	*Flora Stewart*	21
Department of Nursing Education: Report on Nursing Education in Countries Affiliated with the International Council of Nurses	*Isabel M. Stewart*	23
Department of Public Health Nursing: Necessity of Effective Organization in Public Health Departments	*Dr. J. W. S. McCullough*	30
Mr. Toothbrush and His Large Family	*Elinor N. Wade*	32
Department of Student Nurses: Psychology as Seen by a Probationer	*Charlotte Green*	34
Canadian Army Medical Nursing Service		35
News Notes		38
Official Directory		47

First Nurse in Canada

The first woman in Canada to devote herself to nursing the sick and the suffering, that is, to make nursing her vocation, was Mademoiselle Jeanne Mance, in whose honour a street in a residential quarter of Montreal is named.

Mlle. Mance belonged to an honourable family of Nogent-le-Roi, near Langres, France. She was born in 1606—two years before the founding of Quebec. She received the education of a young gentlewoman of her time. Her constitution was delicate, her manners graceful yet dignified.

She had read accounts of the missionary work carried on among the Indians of Canada; her enthusiasm was kindled, and she journeyed up to Paris to seek advice respecting her engagement in the work.

She received encouragement from high ecclesiastics and from ladies and gentlemen of rank and wealth. Well supplied with money for her work, she went to Rochelle, whence the ships sailed for Canada, and here she fell in with the party about to set out for the wilderness for the purpose of establishing a colony almost two hundred miles beyond Quebec, on the island formed by the junction of the two great rivers of the west and the north—the Island of Montreal. She would go to Montreal with Maisonneuve and his forty men.

Yet when the vessel was about to sail, a new and sharp misgiving seized her. How could a woman, not yet bereft of youth and charm, live alone in the forest among a troop of soldiers? Her scruples were relieved by two soldiers, who at the last moment refused to embark without their wives, and by a young woman, who, impelled by enthusiasm, escaped from her friends, and took passage in spite of them in one of the vessels.

Late in the season of 1641, Maisonneuve with his party of forty men and four women arrived at Quebec. Winter was at hand and it was decided to remain at Quebec until spring. On May 8th, 1642, the party embarked for Montreal, the little flotilla consisting of a pinnace, a flat-bottomed boat moved by sails, and two rowboats.

On May 18 they landed on the island of Montreal at the spot which Champlain had pointed out thirty-one years before as a fine site for a settlement.

On the morrow the men set to work to begin their encampment. Maisonneuve felled the first tree. Soon the encampment was enclosed with a palisade and a little later tents were replaced by structures of wood. Such was the founding of Montreal, which at first and for many years was called Ville Marie.

In the following year a hospital was built, and to protect it against the Iroquois it was surrounded by a palisade. According to the archives of the Seminary of Ville Marie, the hospital was sixty feet in length and twenty-four in width, with a kitchen, a chamber for Mlle. Mance, others for servants, and two large apartments for the patients.

It was the intention of the founders of Ville Marie to establish an Indian settlement in the neighbourhood, and to teach the Redmen to till the soil. Some little progress was made in preparing a way to carry out the plan, and it might have suc-

ceeded had it not been for that pest of the wilderness, the Iroquois. Almost a year passed after the founding of the colony before the Iroquois became aware of its existence. In their prowling, a band of Iroquois came upon ten Algonquins. The latter, who were friends of the French, knew of the existence of Ville Marie, which, being not distant from their encounter with the Iroquois, they fled to for safety.

The pursuing Iroquois, to their astonishment, came upon the new fort. They reconnoitred the place, and then went back to their cantonments in the country south of Lake Ontario with the unwelcome news. From that time forth the colonists at Ville Marie had no peace; no more excursions for fishing and hunting; no more Sunday strolls in the woods and meadows. The men went armed to their work, and returned at the sound of a bell, prepared for an attack. Through the summer months and often in the winter, too, the Iroquois lurked about Ville Marie, killing by stealth when it was possible, and when not, attacking openly. Mlle. Mance's hospital did not lack for patients now.

During these years of struggles and danger Jeanne Mance remained at her post administering the affairs of her hospital, and with her associates nursing the sick and wounded and caring for the needy and homeless. And so passed the life of this heroine of the early years of Montreal, and it is because of that work that in the group of statuary that forms the monument commemorating the founding of the city a place has been given to the figure representing the first nurse in Montreal and the founder of its first hospital. That hospital—the Hotel Dieu—stood at the corner of St. Paul and St. Sulpice Streets, and when Jeanne Mance died on June 18, 1673, her remains were interred in the chapel of the Hotel Dieu Hospital, which then served as a parish church. At the time of Mlle. Mance's death Montreal did not contain more than nine hundred souls.—(From The Napanee Express.)

Queen Alexandra

The nurses of Canada join with nurses throughout the British Empire in mourning the passing of Queen Alexandra, consort of the late King Edward VII. Queen Alexandra, who was the ideal of a great queen, did more by example and deep sympathy than can be realized to raise the standard of nursing in Great Britain and to improve the condition of the sick and suffering. At the time of the South African war she insisted on trained nurses being sent out in the Army Nursing Service, of which she was President. In 1902 this service was reorganized, and since then has been known as Queen Alexandra's Imperial Military Nursing Service. For over thirty years she was President of the Royal National Pension Fund, in which she was deeply interested, and also in the Queen Victoria Jubilee Institute. Many Canadian nursing sisters greatly appreciated Queen Alexandra's kindness to them during the Great War. All army nursing sisters who were decorated for service by the King at Buckingham Palace later were received at Marlborough House by Queen Alexandra, who spoke kindly to each nurse and presented each with a colored symbolical drawing representing their work, and also a copy of a book, "The Way of the Red Cross."

Nurses of the Empire are united with all British women in their deep appreciation of the courage, strength and sweetness which has been an example to them in the gracious life of Queen Alexandra.

Editorial

A Happy New Year to all the Nurses of Canada! Although the words are old, the English language provides no better means of expressing the best of all wishes for others.

Happiness is as necessary to complete living as pure air to the physical organism. Fortunately, there is a store provided for the human race, which, like the bread and fishes, never becomes depleted no matter how much is appropriated. It is always there for the taking. If snatched at, it shows an elusive quality like the rainbow. A deep cultivation of the spirit is necessary before one knows how to lay hold of happiness.

Through cultivation of the spirit, certain qualities emerge, such as a sense of proportion, a sense of service, and poise. As these thrive, other undesirable emotions, such as anger, jealousy, and self-pity decline.

Then there is work, that best friend of mankind—good work that fills the days with satisfaction. This is where nurses score, because in nursing, the womanly qualities may all be brought into play, and that is why nursing is such a soul-satisfying profession to many women.

A little blue-eyed probationer was telling recently of the experiences of her first ten days in a large Canadian training-school. She was so surprised about it all. She had been told that all the nurses were "just horrid" to probationers, but that hadn't been her experience at all. "Why! she said, "they all seem to want to **help** us." Her eyes were fairly sparkling with enthusiasm, and she is happy even though "only a probationer." Such is the power of helpful co-operation in extending this great boon to others.

Perhaps it might be an excellent New Year's Resolution for all of us to make—just that very simple one of being kind and helpful to others, and then it could not fail to be a Happy New Year for all.

NEW YEAR'S BELLS

Ring out wild bells to the wild sky,
The flying cloud, the frosty light,
The year is dying in the night,
Ring out wild bells and let him die.

Ring in the valiant man and free,
The larger heart, the kindlier hand:
Ring out the darkness of the land,
Ring in the Christ that is to be.

—Alfred Tennyson.

THE NEW YEAR

Who comes dancing over the snow,
His soft little feet all bare and rosy?
Open the door, though the wild winds blow,
Take the child in and make him cosy.
Take him in and hold him dear,
He is the wonderful glad New Year.

—Dinah M. Craik.

How to Make a Journal Useful and Attractive

By MARY M. ROBERTS

This title is a pretty compliment to the editors of The American Journal of Nursing. I presume we were selected by the programme committee, not because we have arrived, but because our remarkably steady growth would seem to indicate that our magazine has at least been useful. Our growth is due, however, in very large measure to two things, the wisdom of the pioneers who founded the Journal and the fine loyalty of American nurses to their official magazine.

The Real Problem—Diverse Interests

Editors of "class publications" are supposed to have "an easy berth." It would be a simple matter to make a journal useful and attractive to a very clearly-defined group. We who are editors of nursing journals, face the problem of meeting the needs of nurses primarily, but of nurses with constantly increasing diversification of interests. A nurse is no longer **just** a nurse, she is some **particular kind** of nurse, as private duty, public health, a ward sister, a Plunkett nurse, an obstetric nurse, a midwife, an instructor, or what not? It is important that an editor have the faculty of visualizing her audience, of seeing the instructor in the poorly-equipped as well as the well-equipped class room, the private duty nurse in the isolated home as well as in the private corridors of highly developed hospitals, to see the public health nurse in her manifold activities, and to see the young nurse and the snowy haired one in relation to each. For example, we have in the United States today more than 200,000 registered nurses. Within that group of "trained" nurses we have some thirty-odd specialties. We have the further complication of membership in three national nursing organizations, two of which, the American Nurses' Association, which owns the American Journal of Nursing, and the National League of Nursing Education, are officially represented by the magazine. We have, in addition, the honour of representing the International Council of Nurses.

In addition, we must constantly keep before us a concept of the normal reading taste (I will not call it literary taste), of our far from homogeneous group. This covers the entire range from the most ephemeral of popular writing to the solid meat of sociology and philosophy.

No magazine made up wholly of scientific or purely technical articles, therefore, will be widely read by nurses. Such a magazine would be hailed with joy by the intellectual and highly educated few; it will not appeal to the many.

Our Responsibility

We have a definite responsibility to those very widely scattered groups, scattered both geographically and in interests. Our position of leadership as an official magazine lays upon us an obligation to **all** nurses who are willing to read. These are responsibilities not unique. They are common to **all** the professional nursing journals, varying only in emphasis and in accordance with the rate of development in particular countries.

Official or Organization Material

Can one journal really be useful to such a diverse public? We believe it can. We believe that nursing has not yet so far advanced that it can afford to scatter its finances or its interests in many professional periodicals. Nursing programmes can best be advanced if all nurses are informed on major issues. Professional unity is extremely important. A strong but reasonably flexible general nursing magazine is the most useful single medium for maintaining that unity. An analysis of the problem indicates a common core of professional interests and professional knowledge which is augmented year by year, as a tree adds new rings to its growth. An official magazine is very definitely charged with the responsibility for presenting this information while it is in season, of presenting it in readily usable form, and of making of it a permanent historical record. This material should reach the magazine through official channels, and once the machinery of the offices of secretaries and publicity committees has been set up, should reach the magazine without further news-gathering agencies. In our experience, such machinery is never automatic, however, nor is it our desire ever to have it become perfunctory. It is necessary for the editors to be constantly on the alert.

In our judgment, no arbitrary rules can be laid down as to this type of usefulness. There is great danger of allowing such service to crystallize or to become static, and thus defeat its own ends. Organization material must be presented in as attractive a form as possible in order to catch the interest of the younger nurses. I venture to make this statement even though much of our own organization material is condensed beyond the point of attractiveness because of space limitations. Twenty-five per cent. of our magazine is now devoted to news, largely of organization activities. It is our belief that much of this should be transferred to local bulletins, leaving the national magazine wholly free for material of wide appeal. This is a problem to be faced by each magazine as it grows. It must not be forgotten that people love to see their names in print and an initial interest in the magazine is often won in that way. Young nurses will not become interested in the professional organizations, whose usefulness I need not dwell upon before this audience, if their activities are not presented in vital, attractive, sparkling form. One rather colloquial article on how nurses worked together to secure legislation, let us say, describing the anxiety, the effort, the difficulties, and the final triumph will influence many more nurses than a half-dozen stereotyped reports that legislation was secured, important though these are as a matter of record.

Allocation of Space and Timeliness

Having formulated a fairly definite policy in regard to the handling of official material, the next problem in making a journal useful is an evaluation of the relative importance of the various professional groups, the comparative amount of space to be allotted to each in each issue in the course of the year. For the smaller groups, the subjects of greatest interest for the twelve-month period for each group can be plotted on the answers to questionaires and other collected data. This involves the building up of sure knowledge of sound sources of information and material. It involves having a real plan for the year and of holding rather rigorously to it. The time element, too, must be considered, articles on scarlet fever and typhoid have a maximum of interest in the autumn when these diseases are most prevalent. Articles on pneumonia would hold little of interest if published in the warm sum-

mer months. A magazine, therefore, cannot be put together merely at the convenience of the editor. He must think far in advance of the date of issue and make definite arrangements for the major articles, at least. Articles prepared for and read at meetings may be depended upon to some extent, but the editor must constantly remember that such material is prepared for oral delivery, and, when divorced from personality, is often found to be mere repetition or compilation of statements already published

It is safe to assume that every specialist is an Oliver Twist, and wants "more." Hospital administrators are usually well served by special magazines. The educators tend to be "greedy graspers" of space and their arguments are so sound, viz., that their work is fundamental to all else, that it requires courage to limit their allotment, but the editor must never forget all the thousands of nurses who have only a remote interest in credits, curriculum, and class room activities generally (indeed some of them fairly bristle when nursing education is mentioned), but who do have personal problems in the care of patients and in their own life adjustments of a very real sort The educational group has the very great merit of readiness to supply material of high professional quality. It properly tends to be highly technical in nature, but some of it must be in what may be called interpretative form in order to catch the interest of the less well informed.

Articles on Nursing

At the opposite extreme stands the tremendous private duty group, made up of nurses working alone, hungering and thirsting, so they constantly tell us, for assistance with their problems, but producing very little "copy." There is a constant demand from this group and from small hospitals for articles on nursing procedures which will keep them "up to date." As Miss Breay has said, these are the most difficult of all articles to secure, probably because the editors do not live in hospitals and are, therefore, not always informed about new developments; also, because new ideas spread rapidly in hospitals and none feel that their particular activities are unique. This material makes almost no appeal to the advanced administrative group.

Methods of Securing Material

We hit upon a device last year that has been more productive than anything else we have tried. Letters were sent to some of our stronger schools, asking them to list for us the procedures which had been modified or added to their ward manuals within a two-year period. We did not have a one hundred per cent. response because we were writing to very busy people, but we did receive so much cordial co-operation that we feel we are making a more definite contribution in the field of bed-side nursing than ever before. Furthermore, we have not begun to exhaust this legitimate source of supply, although we are sometimes accused of putting a gun to the heads of our friends and thus forcing them to deliver. We do plead guilty to using the guns of cajolery and persistence.

Socializing the Magazine

Another type of material for which there is a constant demand is that having to do with the personal problems of nurses, articles on hours of duty, insurance, incomes, budgets, nurses' clubs and rest hours, the later years of life and the like, which make an appeal to self- interest. We believe they have a legitimate place in a professional journal, but should be used sparingly lest an accusation sometimes made become true, namely, that we are more concerned with nurses than with nursing, and we must remember that the need of the world for nursing existed long be-

fore, and is greater than nurses themselves.

No mention has been made of public health nursing. In our country, as Miss Carr has said, our official public health organization has its own magazine, The Public Health Nurse. The American Journal of Nursing, endeavouring to co-operate with this organization, has relinquished any claim on technical material from this special field. It does attempt to carry articles of an interpretative nature. At the present time it is an open question with us as to whether, even with our large numbers, the profession as a whole would not be better served by one magazine than by two, the one to be edited perhaps by an editorial board in order to get a variety of expert opinions.

Use of Departments

The use of departments in a magazine has certain advantages and also certain limitations. The great advantage is that of placing the department in the hands of an expert for editing. This we do for only two departments at the present time, Nursing Education and Red Cross Nursing Service. The advantages are obvious. Our third department, the Student Page, may be questioned by some of you since the magazine is primarily intended for graduate use. We believe it has enormously stimulated early interest in the magazine, for we receive many, many more student manuscripts than we can use, and it is a matter of great pride in a student body when one of its articles appears. Aside from this, we believe we are developing potential graduate contributors. We are often asked why we do not have a Department for Private Duty Nurses. Our answer is that there is no limitation to private duty nursing—it covers the whole wide range of nursing service, including the obligation of teaching hygiene and many of the lessons that bulk large in public health nursing.

Index

A final point in making a magazine useful is the index. We are attempting to improve our own and hence venture to speak of the importance of a very complete subject, title and author index. A professional journal worthy the name is a rich mine of reference material for class room use, as well as for workers in the field. It is a record of the history of the profession from month to month. It is in advance of any text books in discussing new methods, new skills, new technics. There is no better index to the usefulness of a professional publication than this of its use in the schools. Furthermore, instructors making such use of a magazine help establish a useful professional habit. The editors must assist them by producing a readily usable index.

Summary

In sum, how to make a journal useful depends upon (1) intimate contact with and a sympathetic interest in those who may be expected to use the magazine; (2) a definite objective—aim definitely to help the lower, the middle, or the upper third of each group; (3) sound knowledge of sources of information; (4) the ability to secure and put into usable form for publication the results of the thinking of specialists; (5) flexible thinking in order that plans may be readily adapted and adjusted.

We attempt to maintain contacts by attendance at state and national meetings, by questionnaires, by travel, and by encouraging correspondence. Travel, including actual visits to institutions and organizations is the most fruitful of all sources of both demand and supply. Unfortunately, it is also the most expensive in both time and money, but nurses are so co-operative that every mile of travel pays large returns.

How to Make a Journal Attractive

Thus far we have been discussing the content of the magazine. The second half of our topic "How to Make a Journal Attractive" is concerned with content to the extent that no magazine can be attractive if the material is poorly selected and poorly written. In our experience, the literary level of the profession is rising, but, of course, if nurses were professional writers, they would not be nurses. Notwithstanding this fact **the bulk of our material must come from within the profession if we are aiming at a truly professional journal. Material from without the profession, no matter how well written by acute observers, may be about nursing but it is not nursing in the true sense.** A nursing journal offers no more useful contribution to the profession than that of developing the powers of self-expression of its members.

The Vehicle

Attractiveness is largely concerned with the vehicle. Here Polonius' advice to Laertes may, in a measure at least, be applied:

"Costly thy habit as thy purse can buy,
But not express'd in fancy; rich, not gaudy;
For the apparel oft proclaims the man."

May I say that we have just subjected our magazine to expert scrutiny, but a little time will be required to make the changes we are convinced are necessary. Just as we believe a professional journal for nurses should meet the test of nursing approval of its content, so do we believe its appearance should meet accepted journalistic standards.

Suitability should be the watchword in considering the format and typography of a professional journal. It must have dignity in keeping with that of the profession.

Format

Just as we tend to judge our acquaintances by the houses they live in, so do we judge magazines by their covers. First of all, the cover of a nursing journal must attract not by its ornate appearance, but by its colour, simplicity and usability. It cannot be "dressed up" like a popular magazine. The finish must be considered from the standpoint of design and use by advertisers. It absolutely must take cuts well. The design should be prepared by a well-qualified artist; lasting satisfaction will prove the money well spent. It must be durable, for nursing magazines receive hard usage, and it must be well glued or stitched. Colour is a matter of taste, it should be neither garish nor sombre, and choice is pretty well limited to browns, greys, or possibly a carefully-chosen blue; so far as we know only one other magazine of any kind than our own uses green. We cling to it because it has the familiarity of twenty-five years' association back of it. A technical journal, since it is used for reference, should carry, in addition to the data carried on the covers of all magazines, a line on the back giving the number of volume, number of issue, the month and year of issue and in addition the first and last page

The selection of paper is of the utmost importance A too thin paper gives an effect of untidiness because impressions show through. It must be heavy enough to take ink impressions on both sides without showing through, it must be heavy enough to stand wear and tear, but not so heavy as to unduly increase the mailing rates and therefore the subscription price. A soft uncoated surface is not only rich in appearance, but best for comfort in reading. Unfortunately such a surface does not reproduce cuts well. In the interests of economy, a happy medium is usually sought with some sacrifice one way or the other. Certain very high type literary journals use coated paper for their advertising pages

and dull surface for the unillustrated text pages. This compromise cannot be effected for a nursing journal since illustrations, graphs and charts are required for the elucidation of certain types of articles. Those of a less formal nature are also greatly in demand by less thoughtful readers.

While on the subject of illustrations, it may be well to note that there are definite laws for layout that are too often violated in our journals. Illustrations and type masses should be so plotted as to attract the eye to the serious type matter. Law one is that masses of equal size should not be placed on the same page, therefore a half-page illustration should never be used. If it cannot be made less than half-page, increase it to a full page size. A judicious irregular use of illustrations justifies itself. Although logic would indicate that a picture should be placed as close as possible to the text it is to illustrate, the artistic balance of a page should not be sacrificed. Neither is it wise to over-illustrate certain pages of a magazine, leaving other pages of unbroken text. The purpose of illustrations must be kept constantly in mind. They are:

1. To interest the reader in the magazine itself by attracting attention.
2. To emphasize a point or an accomplishment.
3. To explain or elaborate, as in the case of graphs.

It is extremely difficult to secure good illustrative material. Every magazine, popular or technical, has this difficulty. Photographs **must** be clear. Those showing action are preferable to pictures of places or people, although, of course, these have their use. Our readers are interested in people but they are more interested in people doing something.

The writer is of the opinion that we tend to be niggardly in our expenditure for illustrations. Better a few good ones than many of mediocre quality. We know that it is frequently possible to find student nurses who can make good line drawings which admirably illustrate equipment and procedure articles.

Finally, in the matter of type, it is well to keep in mind that cardinal rule of the printer's art: "Type was made to read." Just as the only rule in card games I've ever been able to remember is "When in doubt, lead trumps," so in printing do I remember the rule that Caslon is always safe and it stands up under that final test of all printing; it looks well and it is easy to read. All the variety required by a professional journal may be obtained by judicious use of upper and lower case and of italics.

Certain general rules should be borne in mind. As pressure on your space grows greater and greater, and the pile of good manuscripts unused is greater than that used in any one month, it is a temptation to overcrowd the pages. This may be frugal but it is not economy, for the crowded pages are not read. Do not be afraid of white paper, provide good margins, use fillers judiciously, and break up long un-illustrated, technical articles with suitable breathing-spaces. They rest the eyes and give the mind a fresh start. Above all things remember that the loveliest page is the simplest.

Given material well written by experts, interspersed by brief factual statements or fillers, all selected with the felt need of particular groups of nurses in mind, given clearly printed and well illustrated pages, bound in an attractive cover, a journal cannot fail to make a place for itself, if backed by loyalty and even a limited amount of salesmanship.

(Read at the Congress in Helsingfors, July, 1925, by Miss Mary M. Roberts, Editor, The American Journal of Nursing.)

A New Light in the Diagnosis of Lung Lesions

By EILEEN FLANAGAN, Reg N.

With the coming of each year new methods are being perfected which add greatly to our means of diagnosing diseased conditions. As we all are forced to realize, diseases of the lungs are responsible for a large percentage of the illness, and in consequence, the incapacity of many members of the community; therefore, any assistance in the early diagnosis and treatment of this prevalent condition is worthy of note.

The French have given us a non-irritating drug, Lipiodol, the great value of which lies in the fact that it makes visible in the X-ray plate the interior of body cavities in a way not obtainable with the methods already in use. During the past two or three years this drug has been used to locate spinal tumours and later to study the dilated bronchi and bronchiectasis. This was done in France by injecting the drug through a puncture in the trachea. This method, as is obvious, is unsatisfactory and attended with more or less danger, both at the time of administration, and with the possible consequence of stenosis of the trachea. The newer method and that which is being practised by Dr. David H. Ballon in the Royal Victoria Hospital, Montreal, is to inject the drug through the vocal cords into the trachea and bronchi by means of the bronchoscope. By this technique a natural picture of the condition in the bronchi and lungs can be obtained, permitting the exploration of the different lobes, the taking of cultures, aspiration, irrigation, and injection of medicaments in one or both lungs, and should the necessity demand, the easy aspiration of the injected material.

The patients are examined early in the morning before any food is taken. A hypodermic of morphia and atropine is given half-an-hour before the larynx is anaesthetized with one part 20% cocaine and two parts 1-1000 adrenalin. The patient is then placed on the X-ray table on which he is to be radiographed and the bronchoscope passed. As the vocal cords are passed, the trachea and bronchi are sprayed with the above anaesthetic solution in order to abolish the cough reflex. If there is any pus or secretion this is aspirated, and then from 10 c.c. to 30 c.c. of "warmed" Lipiodol is injected in one or both lungs with a long Lukens bronchoscopic syringe. The bronchoscope is then withdrawn and roentgenograms are taken in various positions; stereoscopic, antero-posterior, lateral right and left with head lowered about 45 degrees for about ten minutes in order to study the effect of gravity, and also in the sitting position. Position has a great effect on the location of the oil in the lung. Coughing will spread the oil through the lungs, forcing it even into the apices. This result suggests an excellent way in which to apply medication directly to the lung tissue.

The patients have very little, if any, discomfort from the injection, either during the administration or afterwards, and although it has been proved by the X-ray that the drug may remain in the lung for some time, there has been no evidence of any irritation as would be evidenced by a cough or dyspnoea.

It is too early yet to be able to determine whether the drug has any beneficial therapeutic effect.

As a result of this injection the X-ray plate gives a beautiful picture of the lungs, and the diagnosis of broncho-pulmonary conditions is of great value on account of the marked contrast, not only between radio-

grams taken before and after injection, but also between the normal and diseased lung. Pathological changes can be seen at a glance. A positive diagnosis of bronchiectasis has been made possible, and it is hoped will result in the early diagnosis and early operation when only one lobe is markedly involved and the others are fairly normal.

With the help of Lipiodol, the surgeon is better able to determine whether a thoracoplasty should be attempted in the cases of pulmonary tuberculosis and to decide after one has been done whether any further lesion exists, and whether further operative interference is necessary to control the condition; and it also aids in the diagnosis of sub-diaphragmatic abscess, interlobar empyema communicating with a bronchus, new growth, and other similar conditions.

Thus it will be seen that to those working in the interests of pulmonary tuberculosis the results obtained from this injection are already very valuable, and it is hoped will increase with time and experience.

(Miss Eileen Flanagan, Reg.N., staff nurse, Royal Victoria Hospital, Montreal.)

Red Letter Days at the Hospital for Sick Children, Toronto

(Founded by the late John Ross Robertson)

By EDITH McINTYRE, Reg.N.

"Great oaks from little acorns grow." In March 1875 when the hospital first began its existence, the greatest enthusiast could never have pictured that, during the next fifty years, the humble little house would grow into the great "Mother Hospital" of the Dominion, in fact, one of the most perfectly equipped children's hospitals in the world.

The Red Letter day of the year is Christmas Day, which is closely followed by the New Year. As the great 25th of December approaches, the corridors and wards are decked in their holiday attire. Strings of gay balloons, holly wreaths with their bright red berries, fragrant bunches of cedar, and red bells do their best to shout "Merry Christmas!"

The great peace that awed those in Bethlehem's Plains so many years ago steals into all hearts at the prospect of another birthday of the Christ Child. Nowhere is the Christmas spirit more keenly felt, from the laddie who asked the shy probationer if he could remain three weeks longer for the Tree, to the kindly trustees, the doctors and their friends, and the maids and orderlies.

As the gifts pour in, the superintendent of nurses and her staff become children again as they gleefully fill stockings and label dolls and books, which are in due time made ready for Santa's bag.

The hour approaches! Santa Claus is expected! The corridors are lined on either side with uniformed nurses and probationers singing carols. A peal of bells ushers the good saint into the elevator, up to the fourth floor where the wee tots in the Baby Surgical Ward are gazing at the marvellous Tree, or smiling shyly upon the guests who move about. They hear the bells, Santa and his Court prance in, and each child is left the gift she wanted. A burst of music, and Santa is off to visit the remaining wards. Then amid a chorus of "Merry Christmas," good Saint Nick speeds across the court to the nurses in the infirmary. In his gay red trappings, silhouetted against the background of

snow, he makes a veritable Baxter Print. A peal of bells again, a Merry Christmas, and a jolly gift to every nurse, then all is over for another year.

The guests wend their way homeward, thinking more than ever of the Saviour's words, "It is more blessed to give than to receive." The Christmas trees which stand so bravely in every ward seem to breathe a message of good cheer to the little ones, and to whisper "Good Night" to them as they happily slip off into the Land of Nod.

The reception room of the Residence is, however, still astir, for each class president is the proud guardian of a class basket—a turkey, that would have rivalled that of Tiny Tim's, nuts, tarts, fruits, plum puddings and toys greet one. Were there ever such baskets? The nurses have left their professional dignity in their rooms to keep company with doffed uniforms, caps and aprons; and they are just merry young girls bubbling over with the Christmas spirit and the love of little children in their hearts. But what is this all about? one asks. This all came about as the result of a little talk the superintendent of nurses had with her pupils regarding the Christmas cheer for those in want. Each class selects a family for whose happiness it assumes responsibility for the "Day of Days."

It is an unforgettable sight when the nurses and baskets arrive at the homes. Want and desolation are for the time forgotten. The scene reminds the nurses of the quotation from Scripture: "Inasmuch as ye have done it unto the least of these, my brethren, ye have done it unto Me."

For the past twenty-seven years, on New Year's morning, the superintendent of the hospital has had the privilege of welcoming Dr. Ham and his choir boys of St. James' Cathedral. Counterpane Land becomes peopled with many folk to hear the silvery-voiced choristers as they gather around Dr. Ham's tiny organ when the carols of Old England peal out like bells, "Good King Wenceslas and his Page," "The Shepherds and their Flocks," "The Three Wise Men," and again we hear "Three Ships come sailing in."

It is very interesting to know that some of those who have accompanied Dr. Ham as the tiniest boy sopranos are now grown-up basses, whose voices still swell in happy triumph, "Glory to the New Born King." The little ruddy-cheeked boys are very happy as they shyly call out "A Happy New Year!" And wave their hands goodbye to the patients who re-echo the chorus of good wishes.

Early in the New Year, in fact before Twelfth Night, the decorations are taken down. The other exciting events of the year are ward parties in honour of birthdays, visits from the Gyro Club, musical treats which the children love, and visits made by the members of the Daughters of the Empire. Then with the coming of spring, one hears the magic word, "Lakeside."

On the island, a mile between Centre and Hanlan's Points, the Lakeside Home for Little Children is to be found. It is most interesting to know that long before the white-washed lighthouse stood as a guardian angel on the so-called "Gibraltar Point," and in the days when the red men roamed the land where the pale face was unknown, the Indians used to bring their sick and ailing to this very spot on the shores of Lake Ontario, where they

"Heard the whispering of the pine trees,
Heard the lapping of the waters," etc.

In 1883, the Ladies' Board of the Hospital, in their desire to further its work, and realizing that the breezes from the lake would be of benefit to the sick children, wished to establish a Convalescent Home on the Island. This the late Mr. John Ross Robertson quietly supplied in the building now known as Lakeside, in which the

children could live during the hot summer months. On July 5th of the same year the great "flitting" took place. Since then it has been an annual event.

Think of the Mother Hospital now where three hundred and fifty little children stricken by disease and accident are being cared for daily. In the year ending September 30th, 1925, 6,397 patients were treated. In three years the number of major operations increased from 1,200 to 3,100, 95% of which were of a corrective nature to overcome some physical handicap. Blood transfusions became daily occurrences.

The Milk Department where over 120 gallons of milk are pasteurized every day, and where 4,000 feedings are made monthly, is an invaluable asset to the city.

Should Canada not be proud of such an institution!

(Edith McIntyre, Reg.N., H.S.C., 1917, and Staff Nurse at the Hospital for Sick Children, Toronto).

Ideals and Methods of Modern Social Work

By PROFESSOR SAMUEL HENRY PRINCE, M.A., Ph.D.

In reviewing the history of philanthropic effort, we can trace the rapid change of ideals in the last thirty or forty years, and touch upon the splendid pioneer work of Wilberforce, Owen, Shaftesbury, Kingsley and other English social reformers.

The first ideal following the "era of neglect" was the ideal of individual amelioration, when the poor were helped as a pious duty. The old philanthropy was chiefly for the good of the philanthropist, a chance for him to exercise his benevolent emotions.

The second phase was that of charity organizations. This arose because the older method was no longer practicable. With the growth of cities and the coming of immigration, philanthropy stood helpless before the mass of misery. It was necessary to bring into charity work the methods which had been so successful in business. There is still today much working at cross purposes. Guerilla warfare on social problems will never solve them. The picture of charitable societies like Eskimo dogs tugging at a common sledge by separate cords is not a pleasing one.

The rehabilitation ideal now possesses the field. Every effort is made to restore the broken home, to assist those in need by careful social diagnosis. It is an effort at individual case relief by use of the brain as well as the heart. Investigation, registration, and social science supplement the charitable heart.

The ideal of the coming decade will be that of preventative mass philanthropy. It means stopping the stream of social evils at the source. It means discovering and attaching those forces in social life which year by year produce the distressing conditions we deplore, and the development of social and industrial conditions which will give to all a chance to be mentally and physically healthy and happy, in the struggle of life.

A new confidence has come into the hearts of social workers everywhere with development of social science and sociology. Better social conditions are purchasable just as better health conditions are. By means of campaigns of social education and social organization, we may reduce the broken homes, delinquents, and low standards of living as certainly as we are reducing the death rates today. "We may send children to schools, and keep them out of factories, and provide them with playgrounds, and operate on them for adenoids, and fit them for useful trades or occupations, or we may keep our hospitals, and courts and prisons and charities going at maximum capacity."

Social Causes of Poverty

By PROFESSOR SAMUEL H. PRINCE, M.A., Ph.D.

The essence of poverty is more than a chronic state of economic want. It is mental as well as physical. The poverty line must not be drawn merely at the minimum required for physical existence. There are other human wants which must be satisfied, other deprivations which must be supplied.

In New York City where every one in twelve is buried at public expense, and where sixty millions of dollars are spent annually in charitable work, the extent of poverty there and elsewhere in the world is appalling. But more appalling still is the thought of the social consequences of destitution, which investigation reveals; what it means in increased illness and morbidity as disclosed by studies in Johnstown and South Carolina.

There is also to be added the social costs from the point of view of child labour, family disintegration and crime.

The causes of poverty are manifold. It is an interwoven network which, like the strands of the pigmies in Gulliver's Travels, binds the victim on every hand. Many explanations are offered, and attempts at analysis have been made by Charles Booth and other investigators. Professor Lindsay of Columbia University declares poverty to be in practically all cases the result of either misconduct or misfortune.

The speaker's preference is for the analysis following upon defects in the person and defects in society—a classification by individual and social causes. The former includes all poverty the result of heredity and defective protoplasm. The bulk of poverty is, however, due to social causes, and represents the neglect of society in dealing adequately with preventable sickness, avoidable accidents, unsanitary housing, and especially the various forms of industrial distresses such as unemployment.

Treatment of Poverty

The treatment of poverty must transcend the hysterical treatment of the past and the drawing of the bow at venture. The scientific approach requires a careful social survey as a first consideration. Little can be done at the moment in meeting the poverty resulting from the so-called individual causes. The application of race-improving principles will in time do much to check present conditions. Those conditions, however, arising from social causes may be successfully dealt with; by careful case treatment along preventing lines and by the various forms of social insurance. But the philanthropy which relieves must be seconded by the philanthropy which goes on to remedy and right conditions. There must be a progressive raising of the standards of habitability with the co-operation of philanthropic, economic and municipal forces, a raising of the standards of living conditions, or minimum incomes, and of technical education whereby people shall be qualified to meet the new demands of modern industry.

Meanwhile students of society are at work upon such a reconstruction of the social framework as will permit a better economic basis for the social deliverance of mankind.

Society in its way up from elemental beginnings has eliminated slavery, and it will ultimately eliminate poverty: not the poverty which arises from individual causes, perhaps, for incapacity and misconduct will endure, but a resourceful people will see to it that the poverty which is due to causes which are dominatingly social will pass away.

(Excerpts from two of a series of lectures by Prof. S. H. Prince, M.A., Ph.D., Dept. of Economics and Sociology, Dalhousie University, in an Extension Course in Applied Sociology to nurses and others at Dalhousie Public Health Clinic, Halifax, N.S.)

The Dormouse and the Doctor

By A. A. MILNE

There once was a Dormouse who lived in a bed
Of delphiniums (blue) and geraniums (red),
And all the day long he'd a wonderful view
Of geraniums (red) and delphiniums (blue).

A doctor came hurrying round, and he said,
"Tut, tut, I am sorry to find you in bed,
Just say "ninety-nine" while I look at your chest. . . .
Don't you find that chrysanthemums answer the best.

The Dormouse looked round at the view, and replied
(When he'd said "ninety-nine"), that he'd tried and he'd tried,
And much the most answering things that he knew
Were geraniums (red) and delphiniums (blue).

The Doctor stood frowning and shaking his head,
And he took up his shiny silk hat as he said,
"What the patient requires is a change," and he went
To see some chrysanthemums people in Kent.

The Dormouse lay there, and he gazed at the view
Of geraniums (red) and delphiniums (blue),
And he knew there was nothing he wanted instead
Of delphiniums (blue) and geraniums (red).

The Doctor came back, and to show what he meant,
He had brought some chrysanthemum cuttings from Kent,
"Now these," he remarked, "give a much better view
Than geraniums (red) and delphiniums (blue)."

They took out their spades and they dug up the bed
Of delphiniums (blue) and geraniums (red),
And they planted chrysanthemums (yellow and white);
"And now," said the Doctor, "we'll soon have you right."

The Dormouse looked out, and he said with a sigh,
"I suppose all these people know better than I.
It was silly, perhaps, but I did like the view
Of geraniums (red) and delphiniums blue)."

The Doctor came round and examined his chest
And ordered him nourishment, tonics and rest,
"How very effective," he said, as he shook
The thermometer, "all these chrysanthemums look."

The Dormouse turned over to shut out the sight
Of the endless chrysanthemums (yellow and white).
"How lovely," he thought, "to be back in a bed
Of delphiniums (blue) and geraniums (red)."

The Doctor said, "Tut! It's another attack,"
And ordered him milk and massage-of-the back,
And freedom-from-worry and drives-in-a-car,
And murmured, "How sweet your chrysanthemums are."

The Dormouse lay there with his paws to his eyes
And imagined himself such a friendly surprise:
There were no chrysanthemums there—but instead
Just delphiniums (blue) and geraniums (red).

The Doctor next morning was rubbing his hands
And saying, "There's nobody quite understands
These cases as I do. The cure has begun.
How fresh the chrysanthemums look in the sun."

The Dormouse lay happy, it seemed, in a bed
Of delphiniums (blue) and geraniums (red);
And all the night long he'd a wonderful view
Of geraniums (red) and delphiniums (blue).

And that is the reason (Aunt Emily said)
If a Dormouse gets in a chrysanthemum bed,
You will find (so Aunt Emily says) that he lies
Fast asleep on his front with his paws to his eyes.

(Reprinted from "Vanity Fair.")

Book Reviews

The Normal Diet. By W. D. Sansum, M.S., M.D., Director of the Potter Metabolic Clinic, Department of Metabolism, Santa Barbara Cottage Hospital, Santa Barbara, Calif.

In this little book the author explains very concisely many common misconceptions. Each chapter is outstanding, in that it deals with one specific dietary requirement of the body. For instance, the determination of basal metabolic rate for caloric requirement is clearly outlined. The importance of bulk in the normal diet, of balancing the acid and alkaline foods, the need of an adequate amount of water, minerals and vitamins are all impressively emphasized.

This book is general in its instructions so would not require a very extensive knowledge of dietetics to be of value to the public.

Synopsis of Midwifery and Gynaecology. By Aleck W. Bourne, B.A., M.B., B.Ch. (Camb.), F.R.C.S. (Eng.). Publishers: The MacMillan Company of Canada, Limited.

This book is written in a clear, methodical and concise way, with diagrams of value. It should prove a boon to teachers in the preparation of lectures and classes in Obstetrics and Gynaecology, and would be an asset to the Training School Library.

Official History of the Canadian Forces in the Great War, 1914-1919: The Medical Services. By Sir Andrew Macphail.

An official history has been written of the activities of the Canadian Army Medical Corps during the Great War.

To the casual reader it presents a well-written series of events, relating both the achievements and mistakes of administration.

To those who lived through those events, who knew nothing of the blunders and bungling mentioned, the history lacks the personal interest and detail that made the Canadian Army Medical Corps what it was, and which would have been of interest to those of the next generation who will read this book.

It is most gratifying to the nursing sisters that in the few paragraphs dealing with the activities of that nursing service there is no hint of mismanagement or dissension, which fact is a tribute to the Matron-in-Chief who directed that branch of the C.A.M.C. and whose name will go down in history as a just and wise administrator in the Great War.

Diseases of Children, for Nurses. Including Pediatric Nursing, Infant Feeding, Therapeutic Measures Employed in Childhood, Treatment for Emergencies, Prophylaxis and Hygiene. By Robert S. McCombe, M.D., Associate in Medicine at the Philadelphia Polyclinic, Instructor of Nurses at the Children's Hospital of Philadelphia. Fifth Edition, Thoroughly Revised, Octavo of 581 pages, Illustrated. London and Philadelphia. W. B. Saunders Company, 1925, Cloth $3.00. McAinsh & Co., 4-12 College Street, Toronto, Ontario. Canadian Distributors.

A **fifth** edition in itself speaks for the usefulness of the volume under review, and it can without doubt be very highly recommended, not only as a text book for nurses in training, but as a guide after graduation, for those in general nursing and child welfare work.

The book is divided into three parts—

(1) A short description of diseases met with in infancy and childhood.

(2) An outline course in the methods of nursing employed in childhood.

(3) A practical course in the Milk Laboratory on the preparation of milk mixtures and infants' foods.

The chapter dealing with the artificial feeding of the normal infant during the first year is, as the author says, largely taken from Holt's text book "Disease in Infancy and Childhood"—unfortunately not from one of the more recent editions. The directions for the preparation of special formulae, such as Malt Soup, Lactic Acid Milk, etc., are particularly good. In fact, all the parts that have to do with nursing seem exceptionally good, and there are many points included, which, if not learned in an interne year, any physician would find most useful.

The illustrations are plentiful and excellent, and the reviewer has never seen a better illustration of Koplik's spots in measles.

On the whole the book is to be highly recommended and the author congratulated on the production of such a useful work.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

How Life Insurance Benefits Business and Professional Women

By FLORA STEWART

If the grandmothers of yesterday, with their crinolines, their comments on housekeeping, their conversation about babies and their kindly gossip about their neighbours, could look at us today, undoubtedly the most striking contrast they would find would be the position of woman in our modern world.

The ever increasing cost of living and the desire of the young for luxury has, without question, lowered the marriage rate and raised the marriage age, thus forcing many women, in most cases it must be admitted, willingly, to choose a professional or business career other than the one time inevitable destiny of matrimony. With this compulsory choice have come problems unknown to the women of other generations. Each year opens up new avenues for the activities of women: women doctors no longer create any surprise; women magistrates are no longer stared at; it is no longer uncommon to read of women "taking silk" in a manner totally unknown to their predecessors. The press continually reports tremendous salaries being paid to women who are experts in buying, advertising or in the art of window dressing. It has been found that women are more fitted than men for many branches of business, and social work among employees is a recent development which has been found advantageous in business. In recording, with its modern form of card systems, women have proved themselves to be both quicker and more accurate than men, and they can also write more interestingly on many branches of human activity. Naturally, most women drifted into business with the advent of the typewriter, but many, influenced by feminine tradition, have trained themselves for nursing and teaching, for which professions they seem to be peculiarly fitted.

Sad to relate, the basis of renumeration still rests in masculine hands, with the result that the average professional and business woman has none too large a margin between necessary expenditure and income. Having chosen a career, women must follow their convictions to their logical conclusions. The thrills of independence in youth, the delightful freedom which independence brings in middle age, carry in their train the dire necessity of independence in old age. The winter of life can be serene and lovely only if necessities and at least a few luxuries are provided. There are no "loaves and fishes" for old age in this modern world, and Doctor Smiles enunciated a hard but none the less true doctrine when he stated that "God helps those who help themselves." Therefore in her youthful years, the thinking woman should, each month, take something from her surplus and accumulate it to provide for her declining years. If such a plan is to meet with any success it cannot be done haphazardly, and at least two qualities will be

required, namely: determination and foresight. It is essential that a financial plan should be made and carried out, and it will not be difficult for a person with a specific income to appropriate a percentage for definite purposes, including, of course, the very necessary provision for old age. It is a well known axiom that the luxury of today is the necessity of tomorrow, and that luxury denied never becomes a necessity; and it is out of these denied luxuries that the provision for old age must be made. It is not a hardship to set aside a percentage of income for this purpose if a commencement be made during the early earning years of life. As has been stated above, it comes from expenditure which need never be made; it causes no unhappiness because the unpurchased extravagance has had no opportunity to create a taste; it is not money spent but money saved; it is not miserly but wise, in reality the highest form of wisdom, namely, a provision of and a provision for an inevitable old age.

Women are confronted with many modes of saving and investing, most of which do not adapt themselves to their economic conditions. The savings bank account is subject to continual raids for an extra frock, a more extravagant holiday, and so on; because a credit balance is an ever-present temptation. Mortgages are usually out of reach due to the necessity of a large amount of capital and also on account of the disadvantage caused by the rigidity of the investment. Property falls into the same class and has the added detriment of a fluctuating value. Bonds require an investment equal to their face value, while stocks are too speculative for any woman.

Life insurance is admirably suited to the needs of modern woman. If she has dependents her death necessarily means a serious monetary loss which can, to a certain extent, be mitigated by the protective privileges of life insurance. Her disability through illness can be provided for by the modern Total Disability Benefit, which not only pays all future premiums required by the contract but also pays a monthly income during the period of disability. To the large numbers of women who have no dependents, life insurance renders a peculiarly satisfactory service, for out of their annual surplus a deposit can be made with a Life Insurance Company which will provide:

(a) In the event of total disability all further deposits will be waived and a monthly income will be paid;

(b) In the event of untimely death, all deposits made with the Company will be returned;

(c) In the event of financial embarrassment there will be returned, during the early years of the contract a large proportion, and during the later years the entire amount of the deposits;

(d) At a selected age a lump sum will be available which, at the option of the assured, can be used as an investment; in the event of impaired health it may be used to purchase a monthly income or in normal health to purchase a guaranteed annuity payable monthly.

By this means every contingency is provided for and, Life Insurance investments being so very widely spread and so carefully supervised, no possibility of loss need be considered. The savings required to meet the annual deposits soon become a habit and the idea of making provision for old age becomes so fixed that most people make a very determined and usually successful effort to carry it to its conclusion. To be fore-warned is to be fore-armed : old age is inevitable; Life Insurance is the solution of the problem.

(From The Federation of Women Teachers' Association of Canada bulletin.)

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
MISS EDITH RAYSIDE, General Hospital, Hamilton, Ont.

Report on Nursing Education in Countries Affiliated with the International Council of Nurses

By ISABEL M. STEWART

ONE of the main functions of the Committee on Education is to keep itself and the International Council informed on the general progress of Nursing Education in all countries which are associated with the Council.

The following report has been compiled mainly from the material returned in the questionnaires which were sent out last year by Miss Reimann, the Secretary. The Committee is very grateful to all those who helped in supplying this material. It would be quite impossible to present it all to you even in digest form, but what I shall try to do is to indicate the larger educational issues which concern all of us, and to show the main variations in standards and methods, so that we may be able to compare and discuss these more intelligently.

It might be well to remind ourselves in the beginning that there may be as wide a variation in educational standards within each individual country as there is between various countries, so that it is rather dangerous to generalize in regard to national standards. It will be understood, therefore, that when we speak of conditions in different countries, we shall be referring to outstanding or dominant tendencies and not to the exceptionally good or poor schools.

General Conditions of Nursing

In studying the educational situation in any country the first question which we would need to ask would be about the general status of nursing itself. Is nursing on a professional basis as yet? Is the work of the nurse recognized and appreciated by the public and by the medical profession? What kind of people belong to the nursing group, and are the conditions favorable or unfavorable for educatio - al development?

We find in the countries represented here, three fairly distinct groups, with some intermediate forms. First, the countries where modern nursing has been established for some years and where there is fairly good support and understanding from the public and from medicine, though, as frequently stated, "it might be better". Although these countries may seem to others to be in a very enviable position, those who work in them know that it requires constant vigilance to keep the ground that has been won and to make any progress, because there are always reactionary influences at work. Indeed, the very traditions which one generation has built up with such labour and devotion, may serve as obstacles to the succeeding generation.

In the second group of countries, the professional nurses are very much in the minority and have to work against a long-established system or systems of untrained, unprofessional service. Everybody will realize the tremendous difficulties which this group is working against and will understand that progress must necessarily be slow.

The third group represents the "newer" countries, those where primitive standards of nursing are just being replaced in one small spot after another and where the new profession has to be built from the ground up. The leadership has been supplied mainly from the older countries, and the methods have been more or less copied from them. Now the work is being turned over gradually to the

national groups, and they will need all the support and counsel which we can give to help them hold their ground and develop their work on sound lines, but also in accordance with their special needs and conditions.

In spite of these differences, it is surprising to find how many problems we have in common and how often we find that the shoe pinches us in the same place. This is particularly true in regard to our educational problems.

Nursing Schools in Relation to Hospitals

Since hospitals play such a large part in the education of nurses, it is important to know what their standing is and what the relationship is between the school and the hospital. All the countries represented here have at least some hospitals which may be considered as modern, that is, their medical work is on a scientific basis and they recognize modern standards of sanitation, hospital construction and organization. They work under all types of control—state, municipal, religious, private, university, military and Red Cross. In practically all countries the nursing school is still directly under the hospital, though there are several schools, particularly in Italy, Belgium, and Norway, which are independent in organization and support.

Financial Support

The lack of funds seems to be the most outstanding of all the difficulties mentioned in all countries. It does not seem to matter much what type of hospital schools are connected with, chronic poverty seems to be the common lot. This is undoubtedly our first big problem, and we cannot go far until it is solved.

In a few countries, students seem to be doing something in the way of paying for their own education. Tuition fees for the preliminary course are mentioned in 6 or 7 countries, and in Italy and Belgium students often pay a substantial yearly fee for tuition and maintenance. Such instances are, however, exceptional.

In practically all schools, the apprenticeship system is still the dominant one, that is, the student receives her education and maintenance in return for her services, and in most schools an extra allowance of money is paid. This is usually a small amount in the first year, and it increases as the services of the student become more valuable. However, we shall have to admit that as in all apprentice systems, nursing students are primarily employees of the hospital, and their standing as students is secondary. Such a system justifies all kinds of extra demands on students and seriously complicates any system of training on a real educational basis. The question is whether we are going to accept it as a permanent system, or whether we are going to try to gradually work out of it, as practically all other professions have done. Whichever decision we reach we should be very sure that we face the issue squarely and that we do not confuse the educational and economic aspects of the problem.

Scholarships and loans are evidently not very common, though seven of these countries say that a few are available. With the immense increase in scholarships and loan funds in other types of educational institutions, it seems a little strange that so little assistance is being provided for promising young women who wish to prepare themselves as nurses. National nursing organizations in several countries have been helpful in providing scholarships for post-graduate training and a number of other individuals and organizations, such as the Red Cross, have been giving also for this purpose, but so far the student nurse, with a very few exceptions, has borne the entire cost of her education, and in most countries a good deal more than the cost.

Length of Course

The three-year course seems to be the one most commonly accepted, though a number of countries have schools of two to three years, and some have a few four-year schools, among them England, China, New Zealand, India, South Africa. There seem to be various reasons given for the four-year course in different countries.

Some of these are: (1) inadequate general education of students; (2) the immaturity of students; (3) the growing complexity of nursing; (4) the desire to send out a more highly-finished product; (5) the opportunity for students to get a wider choice of specialties; (6) the poverty of clinical resources in the small hospital (the argument seems to be here that the poorer the hospital, the longer the training should be); (7) the shortening of hours (one hospital lengthened the course to four years when the eight-hour day was established by law); (8) the claims of the hospitals for an extra year of service by students to reimburse them for their outlay in the earlier part of the training.

It will be seen at once that these arguments all have a different basis, and in several instances they seem to be contradictory. The same wide variation in reasoning will be found among the advocates of the two- to three-year course. Before we can reach any decision on this much-discussed question, it seems clear that we shall have to agree on some definite educational principles by which to measure and then see how these apply under different conditions.

Preliminary Course

Although the preliminary course was established over 30 years ago and by general agreement has entirely justified itself, it does not seem to be universally accepted as yet in any country. There are also wide differences in interpretation of what is meant by a preliminary course. Some seem to think it identical with the probationary period; some devote the time chiefly to gaining skill in practical work; some look upon it as a period largely of intensive theoretical study to lay a basis for the practical work later. In length it varies from two to six months. No country seems to have as yet adopted the recommendations of the I.C.N. at the Cologne meeting for the eight-months preliminary period.

The Movement toward Consolidation

The first country to develop the idea of a Central School of Nursing was Ireland, and we are fortunate to have here Miss Huxley, who started this movement in Dublin in 1896. This course, in which 14 schools unite, is for the entire period of training, exclusive of the preliminary period. Experiments in the centralization of nursing instruction are found in Canada, China and India. In America, in Finland and probably in other countries, there is a definite movement toward a centralized preliminary course where students from a number of schools receive their basic training in the sciences related to nursing. There is usually a parallel course in the theory and practise of elementary nursing, either in the Central School or in the hospital. This works out particularly well for the smaller schools and seems to offer a hopeful means for getting the burden of teaching transferred gradually from the hospital to a definite educational institution.

Hours of Duty and Vacations

The eight-hour day for student nurses has also been accepted in principle by the I.C.N. and by all progressive national associations for a number of years. Most of us will agree that it is an absolutely essential factor in any reasonably good educational system. The only country which seems to have a universal eight-hour day and night is New Zealand, and it has a seven-day week with 56-hour duty. All the other countries give a range of 8 to 12 hours day or night duty, with a majority giving 8 to 10 hours for day duty.

Vacations seem to run from two to four weeks yearly with the predominating period three weeks. Night duty runs from about six months to twelve months as a rule, the individual periods of night duty ranging from "a week or two" to three months, with most of the answers indicating one to two months. It is quite evident that we are still a long way from the standard of hours commonly accepted in other fields of work and particularly in other educational systems.

Staff or Faculty of the School

In this group we include all the administrative, teaching, and super-

visory officers of the school, as well as the lecturers and instructors who do any part of the teaching. In judging the status of other kinds of educational institutions, we would feel that the size and qualifications of the staff would give us a fair indication of the standing of the educational work done.

It is impossible under our present form of organization to say how much of the officers' time is spent in educational work and how much is given to the work of the hospital as such. But so long as these officers are expected to be responsible for an educational system and for teaching, we would all agree that they should have certain definite educational qualifications.

In regard to the matron or superintendent of nurses, it is evident that there is no set requirement in any country which would guarantee a sound basis in general education, though a few replies indicate that high school education or its equivalent would be the minimum acceptable. The professional qualifications are equally vague. Beyond the requirement of registration or diploma from an accredited nursing school, nothing is specifically stated. In New Zealand and India there is a tendency to require the certificate of the Central Mid-wives' Board, as well as the nursing certificate. One or two mention administrative experience and one suggests a special university course which is, of course, available in only a few countries and not yet considered in any sense as a requirement even in those countries.

Where the Nightingale system prevails, the position of the matron or superintendent of nurses gives her almost complete control over the school and the nursing staff, though she is of course responsible to the superintendent of the hospital and to the Board. Experience shows that it is almost impossible to develop a good school of nursing without a nursing head who is given full responsibility for her own department and adequate support. But just because we claim such freedom and responsibility for her, it would seem to be necessary that we should agree upon such standards of general and professional education as will ensure a reasonably high degree of competence for holding such an important educational post.

The sister tutor or instructor is a rather recent acquisition in nursing schools, but she has already made an important place for herself in several countries. Not all of these instructors are specially trained for their work, but the demand for trained instructors is growing steadily and more of our younger women are seeking training every year. Centres of training are already established in the United States, Canada and Great Britain, and it is hoped that very soon other countries will be able to develop their own university departments for the training of such workers.

Equally important are the sisters and head nurses or supervisors who do so much of the practical teaching of students. A graduate head nurse in each ward has long been considered essential in a good system of training, but it is evident that this rule is by no means always followed. In European schools one or often two additional graduate nurses (staff nurses) are also to be found in almost all wards. New Zealand and South Africa seem to have a fairly good graduate staff in addition to student workers. Hospitals in Canada and the United States as a rule depend almost entirely on students for the regular nursing work, and sometimes the head nurse is also a student. This makes it much more difficult to secure a stable service and good supervision in the wards, especially when students have to be away a good deal for classes.

The ratio of graduate nurses to students varies from one graduate to two to one to ten students. The ratio of nurses to patients is also highly variable, one to two being given in some places and one to ten or even twenty in others. The mean lies somewhere near one to four. It would probably be helpful to struggling matrons and certainly to patients and nurses if some agreement as to a desirable proportion of nurses to patients could be reached.

Admission Requirements

It is evident that no educational system, and not even the most highly qualified staff can do much with poor student material to work with, so that the question of admission standards has a very direct bearing on the educational situation in every country. In all countries the age is being lowered, though a few countries still seem to find it possible to keep the age about 21 to 23 years. In other countries the average age is stated to be 18 or 19 years. The minimum in almost all cases goes down as far as 18 years, and in one country it seems to be 17 years. The maximum age runs from 30 to 40 years.

The minimum education of prospective student nurses seems to be about the end of elementary school (6-8 years). Few got beyond the first year of high school. Some of our replies state the requirement of high school or its equivalent, but it is doubtful whether any country has yet been able to make this a general requirement. We should face the fact frankly, that this is an exceedingly low standard of education on which to build a professional course of study. Indeed we need not expect to receive recognition as a profession until we can bring this standard up.

Certificates of character are evidently required by all. In China students are required to have a "bondsman" to answer for the good behaviour of the student. In some other countries the certificate of character must have the seal of the city police. In many cases letters are required from pastor and well known citizens.

Certificates of health must come from a physician, and increasingly a definite statement of a thorough physical examination is required. Schools are more and more arranging for their own thorough physical examination on admission, and it is quite common to follow this up by an examination when the student is accepted.

Housing and Care of Students

It may seem at first glance that living conditions have little direct bearing on the subject of education. But we all know that the moral and physical welfare of the students are very directly affected by the kind of home life they enjoy, and their surroundings have often more to do in fixing good or bad ideas of hygiene, housekeeping and behaviour than all the teaching we do in the classroom.

Most of the replies received indicate that housing conditions are fairly satisfactory and students in the home usually seem to be under the direct supervision of a home sister or house mother.

The students' social life is also receiving some attention, though in several instances the reply states that nothing much is done or that the students are left to provide for their own recreation, sports, dances, parties, etc. There seems to be danger in either too much or too little supervision of social activities, but it seems quite certain that modern young women will find recreation and enjoyment somewhere, and if wholesome social activities are not made available and attractive, undesirable alternatives may be expected.

In regard to the moral welfare of students, many replies indicate that a good deal of thought is being given to the best means of strengthening character and setting up good standards of conduct. Religious organizations, bible study, wider cultural opportunities are all mentioned with the teaching of ethics, and careful supervision in the home.

There seems to be pretty general agreement that times are changing, and that the older methods of discipline and moral training are also undergoing some modification. There is a tendency to trust the student more, and to put upon her shoulders more of the responsibility for the management of her own life and conduct.

Course of Training

The question here is in regard to the clinical facilities considered essential for a school of nursing. The

range seems to be from 30 beds to 100 or from an average of 15 patients to 100. The lower number is found mainly in the countries or sections where the work is still in the pioneer stage. In practically all cases, the replies seem to indicate that chronic patients form a very small proportion of the clinical material in most of these hospitals. Private patients also seem to be an almost negligible factor except in the United States and Canada (and to some extent in Holland), where most hospitals have private wards, and some are wholly private. It is generally recognized that any considerable proportion of either chronic or private patients will tend to limit the available teaching resources of the hospital.

Practical Experience

There seems to be very general agreement that experience in the care of general medical and surgical patients is an essential part of the basic professional training of all nurses, and practically all include experience in children's nursing as well. In regard to obstetrical nursing the tendency of the European countries with New Zealand, South Africa, the Scandinavian countries and India, is to regard it as a specialty to be taken up (as midwifery) after graduation. Canada and the United States regard obstetrical nursing as an essential part of the basic training.

Mental nursing is not required, as a rule, and in many countries mental nurses are trained as a separate group. Nursing in communicable diseases or fever nursing is also regarded as a special branch in many countries. The tendency at present is more and more to regard it as an essential for all nurses. Special diet laboratory experience is not a part of the training in most countries, but there is a movement also in this direction.

Theoretical Instruction

The replies on this question were not definite enough to summarize. We know, however, that there is a very wide variation both in subjects taught and in the time assigned to the various subjects, and that we are all far behind most other professions in the small proportion of time we spend on the theoretical as compared with the practical side of our work.

Teaching

The teaching of student nurses in all countries is carried on largely by physicians and nurses. In general it has been the practise to have physicians and surgeons give the scientific and medical instruction, and to have nurses give the practical instruction and quiz on the doctors' lectures, "to see that they are understood," as one report puts it. In recent years more and more of the basic first-year science is being taught by nurse instructors or sister tutors, and in general this is felt to be an improvement, since the nurses give their full time to this work and seem to be able to fit the instruction better to the needs of the young nursing student. One matron puts the matter very concretely when she says that the sister tutor gets the probationers ready in the first year so that they can profit by the doctors' lectures in the rest of the training. Along with the doctors' lectures, however, must go the formal and informal instruction of the sister or head nurse in the various departments. No amount of classroom teaching can take the place of this bedside teaching, but neither can it supplant the organized instruction of the classroom. Too much emphasis can not be placed on the necessity of selecting sisters and head nurses of tested and proven teaching ability, and of encouraging them to secure special training in teaching and in supervision.

Equipment

Equipment for teaching laboratories is not yet generally available either for the sciences or for dietetics, but some improvements are being made. Professional libraries are making some headway, but even in the countries like the United States, where there should be more financial support for

nursing schools, the libraries are generally small and inadequate.

Newer Developments

Some efforts are being made to bring into the training the newer phases of nursing, such as the social and preventive activities of nurses and the idea of the nurse as a teacher. Infant welfare and prenatal care are being stressed in a number of countries. Mental hygiene and dietetics are pushing their way forward. The public health movement is everywhere bringing in new demands in relation to the care and prevention of tuberculosis, of venereal disease, malaria and communicable diseases generally. I doubt if any of you here would agree with one of our correspondents who states that these new subjects are "not regarded as entering into the scope of the nurses' training." Many countries are starting nursing schools in order to prepare workers for the public health field, and in all countries nurses are taking a larger and larger share in social and preventive movements, so it is particularly important at this time that we should recognize our new opportunities and obligations and keep our schools in touch with the new demands.

Examinations and Records

All countries except one require an examination in **both** theory and practise before the student is allowed to graduate. Little information is available on the subject or records, though nearly all indicate that **some** records are kept.

The Main Difficulties

The most universal difficulty, as stated before, is the lack of funds. Lack of leaders comes next, lack of understanding and support on the part of the public and the medical profession is mentioned many times. In one or two countries the hostility of the unionized male and female untrained workers and the force of the old methods and traditions are very formidable obstacles. Other difficulties mentioned are, insufficient early education and low age of applicants, difficulty of interesting the right kind of young women in nursing, language difficulties in bi-lingual countries, differences of opinion about the class of girls who should enter nursing, and the instability of the modern applicant. Lack of state registration is felt to be a serious handicap in one country, and the lack of unity in interpreting and enforcing the registration law in another.

Conclusion

You will see by this brief survey, that there is a good deal to be done before we can feel at all satisfied with our educational work in any of the countries belonging to the International Council. The same problems will undoubtedly be found in all countries, and the same kind of steady up-building work will need to be done. Once we recognize clearly what the main difficulties are, we are in a better position to go ahead with a careful study of the plans for strengthening and if necessary reconstructing parts of the whole structure.

We have no idea of attempting to set up a uniform educational system for all countries. What we should like to do is to decide on the main underlying principles, and let every country work out the details and experiment with new forms, drawing freely upon the experience of other countries and adopting the methods which suit its own particular needs and conditions.

The Education Committee has already started on such a plan and will doubtless have something much more concrete and definite to present to you at the next meeting of the International Congress.

Committee on Education

(Members invited to serve)

Miss M. Steuart Donaldson, Matron, Royal Infirmary, Glasgow, Scotland.

Sister Agnes Karll, President, Berufsorganization Regensbergerstrasse, 28, IV., Berlin, Germany.

Miss F. Meyboom, Matron, Gemeente Ziekenhuis Aan den Berweg, Rotterdam, Holland.

Sister Bergliot Larsson, President, Norwegian Nurses' Association, Oslo, Norway.

(Continued on page 43)

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Necessity of Effective Organization in Public Health Departments

By JOHN W. S. McCULLOUGH, M.D., D.P.H.

Sir George Newman, the Chief Medical Officer of the Ministry of Health, England, after tracing the progress of public health during the last fifty years, asks the pertinent question, "What has been the result?" His answer is (1) *A decline in the death rate.* In 1871-80 it was 21 per 1,000 living; in 1924 it was 12.2; in the same period the infant mortality rate, a most sensitive index of national health, was brought down from 149 to 75 per 1,000, or expressed in another way, the expectation of life for every child born in Britain today is approximately twelve years longer than that of its grandfather.

In Glasgow in 1870-72 the male infant born in that city had an "expectation" of thirty-one years, which in 1920-22 had been raised to forty-eight years; and the female infant had risen from thirty-three to fifty-two in the same period.

(2) *There has been a reduction in sickness and invalidity from certain diseases.* In 1875, enteric (typhoid) fever accounted for 370 deaths in each million; last year this rate had fallen to twelve. In the South African War the incidence of typhoid was 28.5 per cent. of the troops; in the late war, 1 per cent. In 1875 there were 1,500 deaths in England and Wales from typhus; in 1924 there were but five. The tuberculosis death rate per million in 1840 was 3,189; in 1875 it was 2,313; in 1924 it had declined to 801. Small-pox in Great Britain a century ago was a national scourge; today it is the perquisite of those who, neglecting vaccination, elect to have it.

In speaking of England and the extension of preventive medicine to remote countries, Sir George effectively quotes Kipling, who writes: "Smote for us a pathway to the ends of all the earth." Preventive medicine now permits the development of empires by its control of disease, especially in the tropics. The prevention of famine by the adoption of irrigation, the scientific transportation and preservation of food, and the control of diseases such as malaria, of yellow fever, of plague, of cholera and of sleeping sickness is permitting formerly uninhabitable regions of the tropics to be opened to trade. In the Federated Malay States, in India, in Panama, and in other tropical regions, the scientific application of public health knowledge has made fit for habitation with comfort places heretofore but the grave of the white man.

Turning to the future, Sir George Newman refers to the enormous toll of life taken by the respiratory diseases, organic heart disease, cancer, nervous diseases, tuberculosis and influenza; to the loss by death in childbirth of mothers, and to the annual deaths of 50,000 infants in their first year. These and the twenty-three million weeks of lost work due to illness demand increased interest in and statesmanlike effort for the further reduction of the sickness, poverty and death due to preventable causes.

How does the progress in public health just recited compare with that of Ontario? Any concerted effort in public health began in Ontario 1882,

when the first Public Health Act was passed and the Provincial Board of Health established. There are no reliable records of the general death rates nor of infant mortality previous to 1900, but the present general death rate, viz., 11.8 (1923) compares favourably with that of England, and our infant mortality rate of 113.1 (1900) is now (1923) 84.9. The tuberculosis death rate has dropped from 148.6 (1900) to 65.6 (1923). In 1910 the typhoid death rate was 50.3 in cities; it is now (1924) 2.5. The small-pox death rate of Ontario is negligible, and there is a steady decline for years in the deaths from most of the preventable diseases.

Just as in England, our deaths of mothers in childbirth, and of infants under one year, and deaths from cancer, organic heart disease and influenza range altogether too high, and the worker loses because of sickness periods of time which contribute largely to the poverty of his family. Much of this sickness is preventable.

The question, "What of the future?" is as timely in Ontario as it is in England. There Sir George Newman lays down three fundamentals for the successful prosecution of public health, viz. (1) A new local unit of sanitary government; (2) effective co-ordination of medical services; (3) public education in health.

(1) *A new local health unit.*—There is nothing so greatly needed in Ontario as the establishment of whole-time health units and the abolition of local health administration by small municipalities. *The real basis for local health administration is a competent organization constantly on the job in an area of suitable size and with a population financially able to bear the cost.*

The need for this basis must be as plain as a pikestaff. Competent management is the essential factor in any business, and neither public health nor any other business can show results unless properly managed. The small villages and towns in the rural townships are, by themselves, financially unable to bear the cost of a proper health service. What is the obvious remedy? They should combine for this purpose, the combination being a county or part of a county, or, where adjacent counties are small, two might be united for health purposes. This matter of union is of such importance that every effort in public health, governmental and voluntary, should be directed to this end. Many agencies beside government, such as insurance companies, voluntary health boards and voluntary workers, are dribbling away large sums of money on this, that, and the other public health project without much lasting effect. If all this money were devoted to the concerted effort of uniting the small municipality health boards into combinations financially able to carry full-time health organizations, we should have before many years all over this province (and the same applies to the other provinces of Canada) sufficient local organizations of such a character as to ensure that day-in and day-out the business of public health was being satisfactorily carried on.

(2) *Effective co-ordination of medical services.*—The need of this is quite as apparent in Ontario as in England, but so far as co-ordination of the medical services in the aid of public health is concerned, nothing of any moment can be expected while the local health officer remains a part-time practising physician in competition for practice with his fellows in the same neighbourhood. All of them know that, as a rule, the medical officer of health is no more an authority on public health than any of themselves. If, on the other hand, as one sees in cities with a full-time health service, the medical officer of health is a trained man and is not a competitor in the practice of medicine, he at once gains the support of the local profession, and the right sort of medical officer of health can do much in

enlisting the support of his medical friends in public health work. So that effective co-ordination of the medical services depends largely on the establishment of a full-time health service.

(3) *Education of the public.*—Any public health scheme which fails to provide for education of the public in these matters is, if not doomed to failure, bound to be slow of advancement. Obviously the government cannot reach the uttermost parts of the 407,000 square miles of territory embraced within the boundaries of Ontario. Any education of this character now being carried on is done chiefly by the Provincial Department of Health or by the eight full-time municipal health organizations now existent. To be done effectively, the work of *public health education* must be initiated and carried on by the local health unit with such direction and assistance as may be afforded by government. So we may surely assert that successful local administration, co-ordination of medical services, and public health education all depend upon the *union of municipalities* so as to provide an area of suitable size, population and financial stability for public health purposes. The experience of all countries where this plan has been adopted is that by it we secure satisfactory advancement in public health measures with co-operation of the medical profession, and rapid enlightenment of the public in the importance and need of sanitary and hygienic conditions; the incidence of disease and death is also lowered, protection is afforded to the mother and her baby; at the same time, because of less sickness, there is greater comfort and happiness, and less poverty.

(The Canadian Medical Association Journal, October, 1925.)

Mr. Tooth-Brush and His Large Family

(A Story for School Children)

By ELINOR N. WADE, Reg.N.

Once upon a time Miss School-Nurse went into a schoolroom: not this one, but one a long way off, near a wood and a hill. There were forty children in the classroom, but not one had a smile for Miss School-Nurse. All looked sad and miserable. Miss School-Nurse put on her magic glasses to find out what was the matter. And what do you thing she found? A big black cloud all over the room and bad Witch Ignorance sitting grinning in a corner!

Miss School-Nurse was very sad and wondered what bad thing the children had been doing to let bad Witch Ignorance live in their classroom. While feeling so sad she looked out of the window, and who should she see but little Fairy Health falling back from the window ledge! Each time Fairy Health tried to come in, old bad Witch Ignorance would push her back with her long black claws. Fairy Health was crying and her blue pansy dress was torn to rags.

Miss School-Nurse then went out and had a long talk with Fairy Health. They decided to go to the wood and to visit a friend of Fairy Health's called Mr. Tooth-Brush, to ask his advice on the best way to drive bad Witch Ignorance from the classroom.

Mr. Tooth-Brush lived in a large house made of branches of trees, and had hundreds of little children—little Tooth-Brushes! He told Fairy Health and Miss School-Nurse he would send forty of his children—little Tooth-Brushes—to the classroom to drive out bad Witch Ignorance. Also, that one little Tooth-Brush would go home with each child and would visit Child's Mouth twice a day in each home.

Miss School-Nurse saw all the little Tooth-Brushes come flying into the

schoolroom through the window and drive out old bad Witch Ignorance.

This bad witch could not be sent far away, though, because there was still some dirt on the children's teeth. She stopped just outside the window and tried to keep Fairy Health out. Miss School-Nurse could not wait to see the end of the battle, but felt certain that Fairy Health would win.

In a month's time Miss School-Nurse came back. All the children had smiles on their faces. She put on her magic glasses and saw a lovely rosy light all over the room, while good Fairy Health was dancing up and down a sunbeam. When the children marched past her for inspection she noticed that all the teeth were clean.

Miss School-Nurse looked out of the window and could just see bad Witch Ignorance's head peeping out of a black hole in the side of the hill. This bad witch would stop there as long as the children obeyed the Laws of Health.

After school Miss School-Nurse heard Fairy Health talking to one of the little Tooth-Brushes, and this is what she heard:

Fairy Health: Tooth-Brush, Tooth-Brush, where have you been? (High key.)

Tooth-Brush: I've been to Child's Mouth to make it clean. (Low key.)

Fairy Health: Tooth-Brush, Tooth-Bruth, what saw you there? (High.)

Tooth-Brush: I saw twenty pearls white and fair. (Low.)

Then Fairy Health and the little Tooth-Brush danced together in the bright sunlight.

(If there is time the children can repeat tl ese lines in high and low keys.)

Notes from the Library Committee

New Books

The New Hygiene: with an appendix containing a shost course in Modern Public Health. By H. W. Hall, New York. MacMillan Company, 1924; pp. 319. Price $2.50.

"A readable volume intended primarily for use in schools of nursing, normal schools, and colleges, and written from the point of view of the health worker; defines hygiene as the art of driving the human machine comfortably and efficiently; divides the subject into nutrition (including respiration and heat production and radiation), protection and race maintenance; **insists that the practise of hygiene must precede its successful teaching."**

Habit Training for Children: by Dr. D. A. Thom. May be purchased from the Minnesota Public Health Association for ten cents per copy.
A valuable handbook for parents.

The Dietary Adventures of Anabel Lee: by G. I. Thom; published by T. A. Davis Company, Philadelphia.

"This little book will prove a source of great pleasure and comfort to any mother."

Health Habits: Suggestions for Developing Them in School Children—Aubyn Chinn, in charge of School Health Programme, Philadelphia International Dairy Council: illustrated. Published by International Dairy Council, Chicago, 1924; 86 pp. Price $1.00.

The Nutrition Class: Its Organization and Development; price 20 cents. American Child Health Association, 370 7th Ave., New York.

Nutrition Clinics for Delicate Children (Incorporated) at 44 Dwight Street, Boston, Mass., publishes the following pamphlets:—

"A Nutrition Clinic in a Public School"—Dr. W. R. P. Emerson.

"Nutrition Clinics and Classes: Their Organization and Conduct"—Dr. W. R. P. Emerson.

"How to Organize a Local Nutrition Centre: The Place of Nutrition in Bringing the Undernourished Child up to Normal"—E. V. McCollum and Nina Simmond.

Department of Student Nurses

Convener, Miss M. HERSEY, Royal Victoria Hospital, Montreal.

Psychology as Seen by a Probationer

By CHARLOTTE GREEN, Royal Victoria Hospital, Montreal.

To many, Psychology is but a word only, behind which lies a meaning dark and obscure, to be fathomed only by students, the learned, or great scientists. Seldom is it regarded as a study capable of affording much needed aid in the understanding of our fellow-creatures in the methods of self-adjustment to a new life, and in the great process of re-education.

To the student nurse embarking on a new and wide career it is of vital importance, far greater perhaps than she herself realizes. In what way does it help her? To answer this question we must first have a clear definition of Psychology. It is a science which deals with mental life, the workings of the mind, and the reasons for certain actions and performances.

Now let us follow the young nurse in her new course. With high hopes and desires she enters the training school. Everything to her is strange and wonderful. It is as if she had stepped into a wide mysterious world hitherto unknown, and full of new faces, customs, associations, modes of living and of an entirely different atmosphere. Even her daily associates, are unknown to her. They are part of this strange venture. In them she sees many characteristics, some pleasing, and others to the contrary. In her effort to become acquainted, to choose her special companions, she does not stop to consider the effects of past experience and environment on each life. She may even be intolerant, led to judge them wrongly, and perhaps be mistaken in her choice.

Looking at her new life as a whole, the student realizes she must accustom herself quickly to many strange things, if she is to make the necessary progress: early rising, regular meals and hours, promptness, neatness, quickness, tudies and many nursing procedures all call for attention. She is so lost in the mysterious atmosphere of do's and dont's that she almost despairs of ever extricating herself. She fails to see a ray of light and wonders how she may straighten matters out.

Then into this period of doubt comes the study of Psychology. Almost at once she realizes that she has been at fault. She needs re-education and here is the open way showing her course of action.

She knows now she must discover in what manner she is lacking, and strive to improve. Here the importance of habit is impressed upon her. It is necessary that she rise every morning at six and not try to have that ten extra minutes—even once. She must acquire the habit of "I can" instead of "I can't," for the attitude of the mind plays an important part in the road to success.

Her fellow-students become as a study to her. She likes those who formerly held no attraction for her because she sees that after all Miss So-and-So has very excellent points in spite of that one little idiocyncrasy, perhaps due to her past environment. As a result of this leniency, the young student makes rapid progress socially —she knows now how to conduct herself towards various persons with whom she comes in contact.

Tact is acquired. Later, in the wards this is indeed most useful to her in regard to her patients, her seniors and her head nurse. For example let us follow her in her dealings with a patient.

Mrs. Jones refuses a certain treatment. This new acquirer of tact, now explains its benefits and with gentle persuasion induces her to take it. Formerly, she might have adopted the attitude—"Mrs. Jones, this treatment has been ordered so you simply

(Continued on page 45)

Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

ONTARIO

The Toronto Overseas Nurses' Club, a provincial organization with approximately two hundred members, is now fully established, and held its first Reunion Dinner on Friday evening, November 24th, at the Prince George Hotel, Toronto. It was a matter of satisfaction to those who had worked so hard to make it possible for this event to take place, that one hundred and fifty members, some of whom were from distant parts of the province, responded to the "bugle call," and it goes without saying that memories of the occasion are particularly happy. After grace had been said by the President, Mrs. E. D. Robertson, the old-time C.A.M.N.S. spirit prevailed and full justice was done to the delightful repast, arranged for by Mrs. J. J. Fraser and her able committee. Miss Greenwood, whose wit and ready powers of oratory are well known, made a delightful toastmistress. The list of toasts was as follows:

The King—Proposed by Mrs. E. D. Robertson.
God Save the King.
Silent toast to the Dead.....Mrs. James.
Matron-in-Chief and Matrons..Mrs. Robson.
Reply.....Miss Rayside...
Sister organizations in the other provinces.....Miss Wilkinson.
Reply.....Miss Hamilton.
Future success of the Club.....Mrs. Scott.
Reply.....Miss Robertson.
Vote of thanks.....Miss Cameron-Smith.

After the toast to the King had been honoured Mrs. Robertson referred to the cloud of gloom which was hanging over the whole Empire in the passing of the beloved Queen-Mother Alexandra, the patroness of all British nursing organizations. Members were asked to stand in reverent silence for a few minutes.

The silent toast to the Dead was honoured in similar manner, and the thoughts of all went back to the Llandovery Castle and other tragedies that immortalized our nursing service.

Before Mrs. Robson's toast the President read the following cablegram from our beloved Matron-in-Chief, Margaret C. Macdonald, at present in Europe:

"LONDON.

"From the scene of warmest recollections of the happiest of comradeships I send greetings and sincerest wishes for a joyous New Year to all ex and present members of the Canadian Army Nursing Service.

"MARGARET MACDONALD."

This was the needed touch to vividly recall the past, and as the message was read everybody visualized the little woman with the big brain who was loved by all(and, incidentally, feared, as she made us all toe the mark!!). Miss Rayside, who was the guest of the evening, replied to the toast to the Matron-in-Chief and Matrons in a most happy, reminiscent speech, referring to early days in the mobilization of the reinforcements to the First Contingent, the old S.S. Zealand in which she and 75 sisters crossed the Atlantic in February, 1915, early days at Le Treport, and the joys and sorrows of the Canadian nurses who had the inestimable privilege of serving their King and Country. The initiated will appreciate the fact

that many of the anecdotes related by Miss Rayside centred round "the white rat," "little 'Erbert" and his owner, the Gold Dust Twins, and other notable personages! Needless to say Miss Rayside's popularity was in no way lessened by her charming and humorous address!

In a brief and appropriate speech Miss Wilkinson proposed the health of sister organizations in the provinces, and Miss Hamilton made a most fitting reply. Mrs. Robertson, the President, said that the object of the organization was to perpetuate the spirit of service as evidenced by women during the Great War, and to promote mutual helpfulness and sociability among the members. She spoke with enthusiasm of the splendid co-operation that existed among the officers and members of the Club, who were determined to make it a success.

In proposing the vote of thanks Miss Cameron-Smith enjoyed the privilege of having the last word. A glowing tribute was paid to Mrs. Robertson, Mrs. Fraser, Mrs. James, and Mrs. Driver, and the Executive Committee, who have seen their earnest efforts in the pioneer work of the Club crowned by the success of this reunion. Special reference was made to Miss Edith Campbell, V.O.N., whose tactful guidance at the first meetings put the Club on a firm basis, and to Miss Hartley, of the S.C.R., Christie Street, who, with characteristic generosity, had offered the Sisters' Residence for general meetings, in which arrangement she is assisted by Miss Jean MacCallum, who is a member of the Executive.

After a general sing-song concluding with "Should Auld Acquaintance be Forgot," a most memorable and happy evening was brought to a conclusion, and the first Annual Dinner of the Toronto Overseas Nurses Club had passed into history.

MANITOBA

At the annual commemoration service, arranged by the joint veterans' organizations, held in the Walker Theatre, Winnipeg, on Sunday evening, November 15th, the Nursing Sisters' Club was allotted thirty tickets which were distributed among members representing various phases of nursing life and work. The service, which was largely musical, was very impressive and conducive to patriotism, being very much appreciated, as in other years, and was broadcasted.

Several of the Nursing Sisters' Club assisted in the selling of poppies on November 11th, one turning in a box with over $40.00 collected.

The Hotel Dieu, Paris

The Hotel Dieu, in Paris, it is believed, is the oldest hospital existing in the world. There are some in Italy, notably at Milan, which rival it in age, and a hospital on the Island of Rhodes, now a museum, founded by the Knights Templars during the Crusades. St. Bartholomew's of London (England) recently celebrated its 800th anniversary. But even these the Hotel Dieu outranks by several centuries.

Its story is that of Paris, or even more, that of France, and certainly it is a mirror of the history of medicine since the fall of the Roman Empire. Thus tradition dates its foundation to St. Landry, Bishop of Paris, in the seventh century, 660 A.D., a century and a half before the crowning of Charlemagne in 800 as emperor of the Holy Roman Empire. One of the wards of the present hospital is named after this St. Landry. More accurate history, however, attributes its founding to Bishop Ichad, who lived in the ninth century. In antedates the cathedral of Notre Dame, the corner-stone of which was laid in the 12th century. The hospital was not always called by its present name, being first known as the Maison Dieu de Paris, because it stood at the foot of the great church.

(From The Canadian Hospital, November, 1925.)

A Canadian Nurse in India

By EVELYN A. EATON.

[Editor's Note:—The following article, written by **Miss Evelyn A. Eaton** (Royal Victoria Hospital, Montreal, 1921), has been sent to us by one of our subscribers with a request that the article be published. We are very pleased to do this as we think our readers will appreciate hearing from one of our missionary nurses.]

My hope of last year for a larger share than that of an onlooker in the medical work here in Pithapuram has been realized and second year examinations are at last past history, I am thankful to be able to say.

It is indeed good to have made even a small beginning at some work in India beside study of the Telugu language, although I enjoyed that, as well.

The Allyns said "Good-bye" to Pithapuram, and to us, on January fourteenth. I spent a week here before they left and got partially initiated into hospital routine, etc. I had my first experience in baby shows in India that week also. The Allyns and Miss North superintended no less than seven and I attended four. There is such a field for work there. The women will need considerable teaching before they master even first principles of health, but they get to understand quite quickly too that a small, dirty baby with its body covered with itch and its stomach burned is not the kind that receives the gold medal.

It was not easy after Conference this year to take leave of my sister and Palkonda, which has been my home these first two years. On the other hand, it **is** good to get inside of a hospital again—so it sort of "evens up." This being my first real introduction to a hospital in India, naturally the differences between this and a Canadian hospital strike rather forcibly. I often think that if some of our Canadian nurses could walk through our hospital at night they would wonder what kind of an institution we were keeping. Patients seldom come into hospital and stay alone. Usually one or two relatives or friends come, but often a whole family, and they all stay until the patient leaves. The question of no bed to sleep on never worries India's people—they lie on straw mats if they have them; if not, on the stone floors. So that if in one ward you see three on hospital beds, you will also probably see at least three forms stretched out on the floor or rolled up in sheets, and as many if not more on the veranda outside that one room. Others will be similarly surrounded. Often if the patient is not very ill you will find a mother or a sister sharing the same bed, in spite of all our nurses can do to keep them within regulations. The question of serving meals to patients is not the proposition for the hospital or helpers that it is at home. As many of our patients are caste people they would not touch what we cooked even though we did prepare it. So we tell the relatives what she may eat and they see that it is forthcoming. In regard to medicines they seem to have a special dispensation, for they will take medicine from us or from our Christian nurses, provided we pour it into their mouths without their touching the medicine glass. Every day is visiting day in hospitals in India. Our doors and windows are so large and so numerous that it would be difficult to put any restrictions on. I want to say, though, that with all the differences between Indian hospitals (that is, Mission hospitals) and Canadian ones, I was surprised to find a place so fine and modern in every way.

Dr. Allyns has written about her dispensary work at other times, I believe. I have especially enjoyed the few times I have gone out to one at Shevkavaram. We take our noon meal with us and eat it in some shady spot on the way. As there is a big bazaar held near the place where we carry on our dispensary we can reach many people. This village is about fifteen miles from Pithapuram and the people we try to help are out of reach of other medical aid. The need of some is appalling—their faces tell the story before a word is spoken. We get all kinds of patients, of course; perhaps the commonest are itch and malaria, but we get sore eyes, ears, heads, arms, legs and backs, abscesses to lance, bad teeth to pull, etc., etc. I was very much amused the first time I saw a man bring a cow along for eye medicine.

One other part of my new work here I haven't learned yet to enjoy quite as much as dispensary—that is teaching the nurses in Telugu. With the senior girls it isn't so difficult; they have become more accustomed to English terms, so that with a combination of the English which they know and Telugu that I know, we can accomplish something. Juniors, of course, have not been here as long and have not had the opportunity of learning as much yet. We all **are** learning some though, and as I find it coming easier I hope that they too are gradually grasping more of what I try to tell them.

(Continued on page 46)

News Notes

CANADIAN NURSES' ASSOCIATION

The next general meeting of the Association will be held in Ottawa, from August 23rd to 27th, 1926.

This meeting should be of special interest to our nurses. The Association now meets biennially, so that it is only once in two years that representatives from the provinces meet together. The meeting of 1926 will be the first at which the three sections of the Association will hold two or more sessions under the direction of each section. These sessions will not be held while general sessions are in progress. Arrangements are being made for the unveiling of the Memorial in the Hall of Fame in the main building on Parliament Hill. It is altogether likely that this ceremony will take place on the second day of the convention. This will be the first time the Association has met in the capital of the Dominion since the Association was organized there in October, 1908. The nurses of Ottawa have written that they are preparing to make our 1926 meeting the very best held since the nurses of Canada became organized in a National Association.

Many of our nurses have never visited our beautiful capital, and there is now before them the opportunity of realizing a maybe long-deferred wish, with the added pleasure of once more renewing former friendships and making new ones among the members of our federated associations. Therefore, let as many as may find it possible commence to lay their plans so that they may attend the general meeting of 1926, and be present at the unveiling of our Memorial, with the opportunity to avail themselves of the chance to view the many attractions of our Capital City, and also help the nurses of Ottawa make this meeting the very best ever held in the history of the Association.

A number of printed copies of the Report of the International Council of Nurses' Congress, 1925, have been ordered by the Association. Any member who wishes to obtain a copy will please send her name and address to the Executive Secretary, 609 Boyd Building, Winnipeg, Man. The cost of each copy is 75c, plus postage, and it is expected that the supply will reach the National Office early in January. As only a limited number will be available, requisitions will be filled in the order in which they are received.

The Canadian Nurses' Association wishes to collect a number of complete sets of The Canadian Nurse; that is, from 1905 to the present time. If any of our readers have one or more complete volumes, or partial volumes they wish to donate to this collection, they are asked to send a list of available copies to the Executive Secretary, 609 Boyd Building, Winnipeg. No magazines should be sent to the National Office until the donor is notified of the numbers from her collection which may be required. All express or postage charges will be borne by the Association.

ALBERTA

CALGARY

Miss M. Olson, Reg.N., left for Honolulu, where she will remain indefinitely.

Miss Law, of Seattle, relieved for the Christmas holidays in the Camrose Hospital, at Camrose, Alta.

The twelve-hour duty for special nurses was approved of at the Alberta Association of Registered Nurses' convention held in Calgary, Nov. 14th and 15th.

Miss Gore has resigned her position as matron at the Blairmore Hospital.

The many friends of Miss Launce will regret to learn of her serious illness.

Miss Barrett left recently for Empress, where she will take charge of the Empress Cottage Hospital.

Subject to ratification by the senate of the University of Alberta, the following are the results of the September examinations for registration of nurses: Misses L. S. Adair, L. Astwood, L. Barre, F. M. Bell, L. A. Brawn, Nora F. Coles, Jean R. Currie, S. L. Duff, D. E. Ennis, E. L. Foerstal, P. E. Glasford, Maude S. Goodwin, E. C. Greenwalt, E. W. Hanna, J. V. Hudson, I. M. Huxley, M. A. Jarrett, I. E. Johnson, E. M. Kadey, Lillian Kerr, M. Z. Kocher, M. L. Lawrence, Esther B. Lord, R. J. McDermott, E. A. McKee, M. A. McLeod, S. McLeod, Sadie M. Nash, Mary Olsen, H. Philip, R. B. Reid, J. Rioux, V. E. Scratch, M. H. Smith, M. C. Sheehan, B. J. Sternberg, M. A. Taylor, E. A. Thom, N. Williams, M. L. Zielinski. The following were granted supplementals in surgical nursing, written and oral: Misses G. B. Nixon, F. A. Lorree.

BRITISH COLUMBIA

NEW WESTMINSTER

Members of the Graduate Nurses' Association and visiting nurses were recently very pleasantly entertained at the home of Mrs. C. G. Major, R.N., Queen's Ave. Several musical numbers were very acceptably rendered. Miss Hall, Assistant Chief Superintendent and Western Supervisor of

the Victorian Order of Nurses, who was on a tour of inspection, addressed the nurses on the work of the Order in a few well-chosen words.

Miss Dynes, R.N., and Miss Hughs, R.N., have recently returned from Seattle, and are engaged in private duty nursing.

VANCOUVER

On November 7th, at the "Ambassador," a most successful Bridge Tea was held, at which the sum of $117 was raised. Mrs. Harold Findley and Mrs. A Claud Yuill were joint conveners.

At the December Meeting of the Alumnae Association, Vancouver General Hospital, which was held in the rotunda of the new nurses' home, plans were made for the annual meeting to be held on January 5th, 1926, when a masquerade party will be a feature of the evening. An invitation has been sent to the 1926 class of the hospital to attend and a most enjoyable evening is anticipated.

Miss Evelyn Packham (1924) has left for New York to take a post graduate course in eye, ear, nose and throat.

Miss Winnie Stewart (1925) and Miss Lillian Buchanan (1925) have left for southern California.

Miss Helen Hillis (1922) has left Vancouver to reside in Oakland, California.

Miss Beryl Graham (1925) spent the New Year holidays in Nelson, B.C., the guest of her parents, Archbishop and Mrs. Graham.

Mrs. John Scott (1925) is spending the winter in southern California.

Miss Lucy Woodrow (1921) has been appointed night supervisor of maternity wards at the Royal Columbian Hospital, New Westminster, B.C.

Miss Mary Walker (1924) has returned to Vancouver after spending a six-months' holiday at Vernon, B.C.

Miss Winnifred Herdman (1925) has taken charge of the hospital at Kimberley, B.C. This position has just been vacated by Miss Eva Neilson (1925).

Miss L. Watlon (1925) has taken a position in the hospital at Trail, B.C.

Miss Tena Grierson, who has been on the staff of the eye, ear, nose and throat department, Vancouver General Hospital, has had to give up her position for a time because of ill-health; and Miss D. Gussett (1925) is at present assisting in the eye, ear, nose and throat operating room.

Miss Phyllis Rising (1925) has been appointed to the staff of the Infants' Hospital, Vancouver General Hospital.

Miss Jessie Tait (1925) has been appointed to the position of night supervisor of the operating room, Vancouver General Hospital, and Miss Muriel McIntosh (1925) has become a member of the day staff of that department.

Miss Ann Waldron (1925) is at present on the staff of the admitting office, Vancouver General Hospital.

The following nurses were successful in passing the provincial examinations for title of Registered Nurse, held throughout British Columbia in November, 1925. Sixty-six nurses passed in full examination and two supplementaries from May, 1925.

The names are printed in order of merit: Misses Tonkin (Vancouver General Hospital), L. Carson (Vancouver General Hospital), H. Codd (Kootenay Lake General Hospital, Nelson), C. Veysey (Royal Jubilee Hospital, Victoria), E. Jakes, A. Baird, M. Rhodes, G. E. Pontifex, D. F. Patchett, K. M. Gibson, F. F. Adler, E. D. Pearson, Edith Fry, A. L. Crowley, E. Innes, R. F. Clare, K. Robinson, G. Wilson (equal); E. Peters, M. Yonge, Mrs. F. Engley, H. Hellbauer (equal); A. Crisp, G. Buker, M. Hamilton, E. M. Wheatley (equal); L. Fortin, K. Flahiff (equal); A. Wylie, F. Bell, L. Cavanagh, M. Wellings, P. Moe, G. Lennox-Clarke, E. H. Bowman, B. McPherson, E. Loosley, P. D. Tevine, N. Loughren, M. B. Watson, C. McInnes, D. Ellis, K. Dickinson, J. Little, J. L. Lee, E. Maxwell, E. Pinder, C. Ross (equal); J. E. Morton-Mardell, R. Harburn (equal); F. McNolty, A. Rolsten, B. V. Graham, G. A. Adamson, M. Hyssop, E. Brown, M. S. Byrn, D. Cowley, E. Gozzana, A. E. Kudelka, R. Haslam, J. Cruickshanks, L. F. Charlebois (equal); J. Hoy, K. Morrison, B. Williamson.

Passed Supplemental—Kathleen Gill, M. Lockwood.

VICTORIA

Miss M. J. Shenfield, Royal Jubilee Hospital, Victoria; Miss E. W. McCoskrie (1920), and Miss Margaret Kinney (1918), St. Joseph's Hospital, Victoria, are members of the nursing staff at St. George's Hospital, Alert Bay. This hospital is under the supervision of the Columbia Coast Mission.

MANITOBA

BRANDON

At the November meeting of the Graduate Nurses' Association of Brandon regret was expressed at the departure of two of the members of the Executive: Miss A. M. Hollingsworth, second vice-president, and Miss Jessie G. Stothart, secretary. Miss Dickie was appointed in place of Miss Hollingsworth and Miss A. F. Mitchell is to succeed Miss Stothart. The latter had been secretary for two years, during which time she has been most efficient in all duties relating to that office. As a token of appreciation from the Association, Miss Stothart was presented with a handsome jet bracelet. The

Association donated $600.00 to the Brandon General Hospital Fund for the children's balcony. This amount was realized from a play, "The Rejuvenation of Aunt Mary," which was presented by the Association on October 29th and 30th. The Association is greatly indebted to members of the local Medical Association for their splendid assistance in the play, which was also presented on November 4th at the Mental Hospital for the benefit of the patients.

Miss Dell Cannon has been appointed supervisor of the operating room at the Mental Hospital.

Miss McCullough, of the staff of the Mental Hospital, has returned to her home in Scotland, following the death of her mother. The sincere sympathy of the Association is extended to Miss McCullough in her bereavement.

NEW BRUNSWICK

SAINT JOHN

Miss Anna Pitman, head nurse at the General Public Hospital, has resigned and Miss Leone Ward has accepted the position made vacant.

Miss Hilda Harris, graduate of the General Public Hospital, has accepted the position of head nurse in that hospital.

Miss Helen Merritt, graduate of the General Public Hospital, has gone to Florida where she will practice her profession.

On November 26 a very enjoyable dinner and bridge was given in the Admiral Beatty Hotel by the Alumnae of the General Public Hospital in honour of the graduates of 1925. Fifty-five graduates were present and all voted the evening a great success. The toast to the guests of honour was proposed by Miss Retallick, a past superintendent of the school, and charmingly responded to by Miss Betty Barker of the class of 1925. An interesting feature of the dinner was that Mrs. Sutherland, the first graduate from the school, was present.

Miss Arthuretta Branscombe, graduate of the General Public Hospital and Superintendent of the Chipman Memorial Hospital, St. Stephen, for 22 years, has resigned.

ONTARIO

BELLEVILLE

On Tuesday, November 24th, a very successful dance was given by the Registered Nurses' Alumnae in Johnstone's Academy. Miss Taite, Superintendent of Belleville General Hospital, and Miss Fitzgerald were hostesses.

Miss M. Cockburn has accepted a position at the Alexandra Hospital, Montreal.

Miss M. Hales, night supervisor, has been called home owing to the illness of her mother, and Miss E. Cronk has taken on her duties.

FORT WILLIAM AND PORT ARTHUR

The annual meeting of the Thunder Bay Graduate Nurses' Association was held in the Nurses' Home of the McKellar General Hospital, Fort William, on December 3rd. Twenty-eight members were present, and following the business session Miss Morrison, Superintendent, McKellar General Hospital, gave an interesting address on the History of Nursing. At the close of the meeting refreshments were served by the McKellar nurses.

Miss Louise Williams, Fort William, has recently completed her training at the McGee Hospital Training School for Nurses, Pittsburgh, Pa., from which she will proceed in the course of a few months to take the Science Course of the University of Columbia, N.Y., with a view to qualifying for her degree in that branch of the service.

Miss Burnette (Winnipeg General, 1919) has accepted the position of operating room nurse at the McKellar General Hospital.

Miss Elva McDonald (McKellar, 1915) has taken up nursing in New York City.

Mrs. V. L. Michaud (McKellar, 1925) has returned to her home in Edmondston, New Brunswick, where she will resume nursing.

Miss V. Tate (McKellar, 1925) has left for Albany, N.Y., where she will practise her profession.

Miss M. Mitchell and Miss McPherson (McKellar, 1920) are nursing in Pasadena, California, after completing a course at the Mayo Brothers' clinic in Rochester, Minn.

HAMILTON

St. Joseph's Hospital

Miss Edna McClarty, Reg.N., has been appointed night supervisor in the Children's Hospital, Detroit.

The Misses Carrol, Cahill and McClarty have accepted positions in the Alban hospital.

Miss Florence Irving (St. Joseph's Hospital) was married recently to Mr. Hicks, of Brantford.

Miss O'Ryan, 1924, has returned from her trip to Florida and is doing private duty nursing.

KINGSTON

The regular monthly meeting of the Kingston General Hospital Alumnae Association was held on November 3rd at the Nurses' Home. At the close of the business meeting refreshments were served and the nurses enjoyed a social half hour.

The new clinic building of the Kingston General Hospital was officially opened on October 16th. This beautiful, modern building and the new pathological building of Queen's University which adjoins it were opened to the public for inspection.

Miss A. Baillie, R.R.C., Superintendent of Nurses, Kingston General Hospital, at-

tended the Convention of Hospital Standardization held in Philadelphia at the end of October.

The Kingston General Hospital nurses held their annual Hallowe'en masquerade dance, November 3rd, at Grant Hall, Queen's University. The hall presented a very festive appearance with its yellow and black decorations, jack-o'-lanterns, witches, etc. The costumes were exceptionally good, the prizes being awarded to Miss Ada and Dr. R. R. MacGregor.

Miss E. Freeman, operating room supervisor, Kingston General Hospital, has returned from a vacation spent in Florida.

OSHAWA

Mrs. M. A. Young, Oshawa General Hospital, 1918, who resigned her position at the General Hospital, Hamilton, in May, 1925, has accepted a position as assistant superintendent and instructor of nurses at the General Hospital, Moose Jaw, Sask.

SARNIA

The first meeting of the Alumnae Association of the Sarnia General Hospital for 1925-1926 was held on October 5th, when the following officers were elected: Hon. president, Miss Scott; president, Miss Fisher; vice-president, Miss Lumby; secretary, Miss Firby; treasurer, Miss Laugher. Plans were made for a bazaar to be held early in December.

Graduation exercises of the Sarnia General Hospital were held in the auditorium of the Technical School on Friday, October 9th, when eight nurses received their diplomas, as follows: Misses McRae, Conkey, Mitcheltree, Seigrist, Brown, Douglas, McFarlane and Gibson.

Miss Noble has recovered from her recent illness.

Miss McKillop, who has been ill for several months, is slowly improving.

On Wednesday, October 28th, at the Sarnia General Hospital, the death occurred of Thelma A. Brown, daughter of the late Samuel and Mrs. Brown. Miss Brown had been suffering for several months from diabetes, but was able to attend her graduation exercises, held two weeks prior to her death. Miss Scott, Superintendent of Sarnia General Hospital, and ten graduates attended the funeral service held on October 31st at her home in Merlin, Ont. The pall bearers were six classmates: Misses McRae, Conkey, Mitcheltree, Gibson, Seigrist, McFarlane. The loss of Miss Brown is deeply felt, not only by her classmates, with whom she was a general favourite, but by all those who knew her. Her bright and cheerful disposition made for her many lasting friends.

ST. CATHARINES

Recently the Leonard Nurses' Home of the Mack Training School was opened with a dedication service at which the Rev. A. M. Howitt, Mayor Smith, Dr. Jory and Mr. J. D. Chaplin took part. The new home has been presented to the training school by Col. and Mrs. Leonard. Col. Bishop, in the absence of Col. Leonard, presented the deed and clear title to the Home, while Mrs. Leonard unveiled the bronze tablet in the main entrance, which is inscribed as follows: "This Home, erected 1924-1925, is the gift of Reuben Wells Leonard and his wife to the St. Catharines General Hospital for the nurses of the Mack Training School, established in 1874." On a panel, which is also placed at the main entrance, acknowledgement is made to the Home, with the following inscriptions: "Gifts and Bequests. In memory of Mabel K. Hodgins, Room 215—Ridley College Dramatic Club; Rooms 105-106—Graduate Nurses' Association of St. Catharines; Dining and Class Room equipment—Mr. Albert Pay; Radio—Alumnae Association of Mack Training School."

Following the ceremony of unveiling short addresses were given by Mr. E. Graves and the Hon. Dr. Godfrey, Minister of Public Health for Ontario. The public was then invited to inspect the building, which is well-arranged and comfortably furnished, and allows for each nurse to have a bedroom to herself.

During the proceedings bouquets were presented to Mrs. Leonard, to the President of the Ladies' Aid, and to the Superintendent of the Hospital.

TORONTO

Hospital for Sick Children

Miss Ellis has resigned from night duty on the Infant Ward and has accepted a position in Grand Rapids, Mich. Miss Griffin, 1924, has taken Miss Ellis' place, with Miss Lewis and Miss Snyder, 1925, as assistants.

Miss H. G. Elliot has resigned her position as Night Supervisor and gone to her home in Sudbury. Miss Helen Needler, 1919, at present in the Ottawa Civic Hospital, is to succeed Miss Elliot.

A new and pleasant innovation at the Hospital for Sick Children is tea in the Reception Room on Sunday afternoons, to which the pupil nurses are allowed to invite their friends.

The Alumnae Association of the Hospital for Sick Children have an especially interesting programme this winter. In December the Association was addressed by Dr. Roy Simpson on "Newest Methods in Pediatrics." In January a theatre night will be held. In February Prof. Wallace, of Toronto University, will address the Association on "Scotch Poetry," and in April Dr. Gallie will give a lecture on "Living Sutures, and Transfusion." It is hoped that all members will attend, as the committee have given much time and thought to the arrangement of the programme.

Toronto General Hospital

The department of Occupational Therapy of the Toronto General Hospital held their annual tea and sale of work in the Nurses' Residence on Thursday afternoon, November 26th. Miss Amy DesBrisay, and Miss Elsie Jackes, instructors in occupational therapy, were in charge of the display. The handicraft was unusually attractive and included leather work in lovely designs, embroidered wool bags, purses and handbags, dainty lampshades and other accessories, fancy work, and many other attractive Christmas gift suggestions. Lady Flavelle, Mrs. Albert Gooderham, Miss Mortimer Clark and Mrs. W. R. Riddell poured tea.

Miss Edna McKinnon and Miss Sylvia Ostler are leaving early in the new year to take charge of the Red Cross Outpost hospital at Kirkland Lake, Ont.

Miss Phillis Denn, 1917, has gone to Englehart, Ont., where she has accepted a position in the Red Cross Outpost hospital.

Miss Nettie Fidler, 1919, has accepted the position of night supervisor of the Private Patients' Pavilion, Toronto General Hospital.

Miss Mabelle Thompson, has resigned her position on the staff of the Toronto General Hospital and has gone to Erie, Pennsylvania, to do public health work.

Miss Gladys Redman, 1923, has gone to Costa Rica to do industrial nursing in connection with the United Fruit Growers' Association.

Miss Marjorie Robertson, 1923, is at Napanee, Ont., where she has charge of the public health nursing activities in that town.

QUEBEC

The annual fall meeting of the Registered Nurses' Association of the Province of Quebec was held in October at Sherbrooke, Que. The two sessions were well attended by nurses from various parts of the province. The President (Miss F. M. Shaw) and Sister Duckett gave short addresses on registration for nurses, referring more especially to the Quebec Act and its amendments. Miss Margaret Moag spoke on the work of the Public Health Section, C.N.A. Another interesting paper was one in French, on public health nursing, read by a Sherbrooke nurse. The afternoon session was followed by a demonstration of nursing methods at the Sherbrooke Hospital, under the direction of the superintendent (Miss Buck), and a visit to St. Vincent de Paul Hospital. At the evening session Miss F. M. Shaw spoke on the Congress of the International Council of Nurses, 1925; while Miss Moag and Miss Chagnon gave short talks on the work of the Victorian Order of Nurses and on tuberculosis work respectively.

Previous to the evening session the members were the guests at dinner of the Eastern Townships Graduate Nurses' Association and the Alumnae Association of the Sherbrooke Hospital. The guests were welcomed by the chairman (Mrs. Roy Wiggett), while Miss F. M. Shaw and Miss M. F. Hersey replied on behalf of the guests. Miss Buck gave a most interesting description of hospitals visited during her trip abroad and at intervals the guests were delightfully entertained by a number of violin selections.

QUEBEC

Miss M. E. Lamplough, Jeffery Hale Hospital, 1914, a member of the staff of the Colonel Belcher Hospital, Calgary, Alta., who was granted two months' sick leave and is in a Nurses' Rest Home in California, will resume her duties at a very near date.

The sympathy of the J.H.H. Association is extended to Mrs. Hillier (Myrtle Smith, Jeffery Hale Hospital, 1923), for the demise of her sister, Mrs. Langford.

MONTREAL

Montreal General Hospital

Miss Gertrude Arnoldi is in charge of Dr. Sculley's office in the Medical Arts Building, Montreal.

Miss Gladys Mitchell, 1925, has been engaged on the staff of the Sun Life Assurance Company.

Miss Ellen Read has been engaged on the local nursing staff of the Bell Telephone Company.

N/S Christine Watling laid the wreath on the Cenotaph on Armistice Day on behalf of the Overseas Nurses' Association of Montreal.

Miss Edith Conrad, 1918, has taken charge of Dr. Sinclair's clinic, Orlando, Fla.

Miss Lulu M. McIntosh, 1917, has been appointed to the Lockport City Hospital, Lockport, N.Y.

Miss Isabel McConnell, 1925, is engaged on the staff of the Charlotte Hungerford Hospital, Torrington, Conn.

At the November meeting of the M.G.H. H.A., Canon Stratford gave a very interesting lecture on "Singers of the Sea." Dr. A. H. Gordon addressed the meeting held in December.

Montreal Graduate Nurses' Association

The Montreal Graduate Nurses' Association held their third annual bazaar at the R'tz-Carlton Hotel, on November 16th and 17th, clearing up-to-date $6,400.00. Bridge and dancing were not among the attractions of the bazaar this year. A tombola of eighty-five prizes netted over $1,200.00, and the usual gift of a one-thousand-dollar bill was given by one of the married

nurses. The greater part of the proceeds will be applied on the Club House mortgage.

These nurses' bazaars have proved very successful, the first clearing $7,300.00 in one day; the second clearing $6,300.00 in two days: one day for the bazaar and the next for bridge and dancing. With this financial help the Association went ahead and bought a Club House last May for $29,000.00, afterwards making renovations at a cost of $6,000.00, making a total cost of $35,000.00.

Royal Victoria Hospital

Miss Lenore Mitton, 1920, is on the staff of St. Francis Hospital, San Francisco, California.

Miss Muriel Bate, 1921, is leaving for New York where she has accepted a position in the Rockefeller Hospital.

Miss Olive Rand, 1921, is sailing from New York, Jan. 14th, with a patient, for a trip around the world and is returning in the spring by way of the Panama Canal.

Miss Helen Rogers, 1921, has joined the operating room staff, R.V.H.

Miss Helen Clarke, 1925, sailed recently for Rome to spend the winter in the Anglo-American Hospital there.

Miss Hazel Elford, 1923, has accepted a position in the X-Ray Department of the Ottawa Civic Hospital.

Miss Kathleen Sanderson, 1921, has joined the V.O.N. in Vancouver, B.C.

Miss Edith Hall, 1925, has joined the V.O.N. in Montreal.

The first Year Book has been published by the class of 1925, and anyone wishing to secure a copy may send $1.60 to Grace R. Martin, Royal Victoria Hospital, Montreal.

SASKATCHEWAN

Miss Irene Smith, formerly of Powell River, B.C., has taken up her duties as Superintendent of Nurses at the Regina General Hospital, Regina. Miss Smith, who is a graduate of the Vancouver General Hospital, 1921, won the Thompson scholarship in surgery, with which she took a post-graduate course in Cleveland, Ohio.

Miss A. M. Lowe, Reg.N., R.G.H., 1920, who has been doing post-graduate work at the Vancouver General Hospital, has returned to Regina, and is on the staff of the Junior Red Cross Hospital.

Miss S. E. Wright, Reg.N., Royal Jubilee Hospital, Victoria, B.C., 1923, has come to Regina, where she will do private nursing during the winter.

On November 14th, the Regina Branch of the Saskatchewan Registered Nurses' Association held a bazaar in the City Hall, under the convenership of Mrs. W. M. Van Valkenburg, when approximately $550.00 was realized. Of this amount, $140.00 was taken in the tea room. All articles were disposed of, and the nurses were gratified with the results. The proceeds of the bazaar are to go to the Sick Nurses' Fund.

Miss Gertrude Kreller, Reg.N., Regina Grey Nuns', 1925, has accepted a position as staff nurse in the hospital at Oxbow, Sask.

Prior to her departure for British Columbia, where she has accepted the position of Assistant Professor, Department of Nursing and Health in the University of British Columbia, Miss Mabel F. Gray was the honour guest at a tea given by the Regina Registered Nurses' Association, at the home of Mrs. W. A. Thomson. On behalf of the provincial association, Miss C. M. Kerr, Moose Jaw, presented Miss Gray with a platinum and diamond bar pin, expressing sincere regret at losing her from the province and good wishes for continued success in her new work.

Miss Hilda MacDonald, recently of Saskatoon, has accepted the position of nurse instructor in Health Education at the Provincial Normal School, Truro, N.S. Miss MacDonald was for four years a member of the School Hygiene staff of the Department of Education, Saskatchewan.

(Continued from page 29)

Miss Christiane Reimann, Secretary, International Council of Nurses, Copenhagen, Denmark.

La Comtesse Louise d'Ursel, Secretaire de la Federation Nationale des Union d'Infirmieres Belges, Bruxelles, Belgium.

Baroness Mannerheim, President, International Council of Nurses, Helsingfors, Finland.

Miss F. M. Shaw, Director, School of Graduate Nurses, McGill University, Montreal, Canada.

Miss B. G. Alexander, Matron, Johannesburg Hospital, Transvaal, South Africa.

Miss H. M. Thacker, Editor, Nursing Journal of India; Matron, Cama Hospital, Bombay, India.

Miss Jessie Bicknell, Inspector, Schools of Nursing, Wellington, New Zealand.

Miss Grace Baxter, Former Directress, School of Nursing, Ospedale Clinico, Naples, now at 18 Via San Leonardo, Florence, Italy.

Miss Nina Gage, Dean, Hunan-Yale School of Nursing, Changsha, China.

Secretary, Miss Isabel M. Stewart, Professor Nursing Education, Teachers College, Columbia University, New York City.

Chairman, Mary Adelaide Nutting.

(Report presented to International Council of Nurses, 1925.)

BIRTHS

BAWDEN—On September 11th, at Kingston General Hospital, to Mr. and Mrs. Jack Bawden (Mary Duncan, Kingston General Hospital), twin daughters.

BOOTH—On November 25th, at Portland, Ore., to Mr. and Mrs. S. R. Booth (Isobel Stewart [Tibby] Gibson, Vancouver General Hospital, 1919), a daughter (Rosemary Stewart).

BRADBURY — In September, 1925, at Prince Albert, Sask., to Mr. and Mrs. L. K. Bradbury (Luzetta McColl, Winnipeg General Hospital, 1919), a son.

DAVIS—Recently, at Sussex, N.B., to Mr. and Mrs. Harry Davis (Laura Keith, General Public Hospital, St. John), a son.

FRANCIS—On July 14th, 1925, in Philadelphia, to Mr. and Mrs. Gerald Francis (nee Frances Treemane), a son.

GIBB—On October 8th, at Sarnia General Hospital, to Mr. and Mrs. Harold Gibb (Emily West, Sarnia General Hospital, 1923), a son (Donald Robert).

HILLIER—On December 2nd, 1925, at Jeffery Hale Hospital, Quebec, to Mr. and Mrs. Hillier (Myrtle Smith, Jeffery Hale Hospital, 1923), a daughter.

HURLBUT—Recently, at Winnipeg Man., to Mr. and Mrs. H. Hurlbut (Bessie Fox, General Public Hospital, St. John, N.B.), a son.

MINGIE — On December 10th, at the Medical Arts Hospital, Montreal, to Dr. and Mrs. Walter Mingie (Olive Potter, Royal Victoria Hospital, 1919), a son.

MORTON—On November 16th, 1925, at the Regina General Hospital, to Mr. and Mrs. Harry Morton (Christine Andrew, Regina General Hospital, 1919), a son (Kenneth Vernon).

MOULTON—On December 2nd, at the Homeopathic Hospital, Montreal, to Mr. and Mrs. U. C. Moulton (Lucretia Hyndman, Montreal General Hospital, 1919), Westmount, P.Q., a daughter.

McCLURE—On November 28th, at Moncton, N.B., to Mr. and Mrs. Joseph McClure (Karolyn Wade, General Public Hospital, St. John), a daughter.

McLELLAN—Recently, at St. John, N.B., to Mr. and Mrs. William McLellan (Grace Finley, General Public Hospital, St. John), a son.

MacMILLAN—On October 11th, at Taihoku, Formosa, Japan, to the Rev. H. A. and Mrs. MacMillan (Donalda MacIntosh, Toronto General Hospital, 1923), a daughter (Ruth Mary).

SUTTLIFFE—On November 17th, at Detroit, Mich., to Mr. and Mrs. Eric Suttliffe (Lelah Burnham, Sarnia General Hospital, 1918), a daughter (Harriet Elizabeth).

MARRIAGES

BLAKNEY — BANKS — At Brighton, Mass., Nell A. Banks (General Public Hospital, St. John, N.B.), to Oliver Blakney.

BURKHOLDER—MOFFAT—Recently, at the 1st Presbyterian Church, Fifth Ave., New York City, Jean Moffat (Toronto General Hospital, 1922), to Edwin V. Burkholder, of New York.

CHATHAM — WALTON — On November 17th, at New Westminster, B.C., Miss Walton, R.N. (Royal Alexandra Hospital, Edmonton), to Ernest Chatham, of Edmonton. Mr. and Mrs. Chatham will reside at Port Kells, B.C.

COOPER—STRADER—Recently, at Iroquois, Velma Strader (Kingston General Hospital), to Wilfred Cooper, of Iroquois.

ELLIS—PURDY—On October 28th, at St. John, N.B., Muriel E. Purdy (General Public Hospital, St. John, N.B.), to Harvey L. Ellis.

GILMORE — LAVERNE — On October 19th, at Saskatoon, by the Rev. Dr. Wylie C. Clarke, Veva E. I. Laverne (Sarnia General Hospital, 1924), to William L. Gilmore, formerly of Forest, Ont.

MARSHALL—MacKAY—On November 14th, at Lockport, N.Y., Christena Jean MacKay (Montreal General Hospital, 1922), to Herbert Marshall. Mr. and Mrs. Marshall will reside at Lockport, N.Y.

MURRAY—TURNBULL—On December 5th, at St. Cuthbert's Church, St. Lambert, P.Q., Kathleen Hope Turnbull (Royal Victoria Hospital, Montreal, 1925), to Captain W. W. Murray, M.C.

McCORMACK—DOYLE—On November 7th, at St. Andrew's Church, Consort, Alta., Agnes A. Doyle (Holy Cross Hospital, Calgary), to Joseph P. McCormack, of Consort.

McMANN—TOMILSON—On June 20th, 1925, at Strathroy, Mabel I. Tomilson, (Sarnia General Hospital, 1922), to James McMann, of Petrolea.

WEBB — JONES — On December 10th, Agnes Effie Jones (Belleville General Hospital, 1923), to Thomas Stanley Webb.

DEATHS

SHARPE—On October 22nd, at Ridgeway, Ont., Margaret Sharpe (The Wellandra Hospital, St. Catharines). Miss Sharpe was school nurse for Bertie and Erie townships and was accidentally killed at a level railway crossing.

BROWNE — On October 28th, at the Sarnia General Hospital, Thelma A. Browne, (Sarnia General Hospital, 1925), daughter of the late Samuel and Mrs. Browne, of Merlin, Ont.

Canadian Council on Child Welfare

By R. M. SIMPSON, Reg.N.

In concluding the very successful Conference held in Ottawa in September, 1925, the Canadian Council on Child Welfare presented for approval an extensive programme as a declaration of its aims for the five years 1925-1930. Phases of child welfare endeavour covered by this programme are health, child labour, care of problem children, education and recreation, mental hygiene and legislation. Clauses on several of these subjects are of particular interest to nurses.

Health: Support of effort in each province toward setting up a Provincial Department or Bureau of Health, which shall either provide or co-operate with municipalities in providing, in addition to facilities for sanitation and disease control, the following clinical service:

(a) For pre-natal and pre-school guidance.
(b) For physical and mental examination of all school children not less than three times during their school career and on making application for work permits.
(c) For special physical and psychiatric service to problem cases—both children and adults.

Mental Hygiene: Support of efforts which have the following objectives:

(a) The organization within each Provincial Department of Health of a division on Mental Hygiene which shall have general supervision of all service to mentally abnormal persons.
(b) Registration of all idiots and imbeciles during the school age or earlier.
(c) Provision of special training suited to the capacities and needs of mentally defective children.

Education and Recreation: Support of the following movements affecting educational and recreational work for children:

(c) To establish under trained supervisors recreational facilities for all children twelve months of the year.
(d) To obtain through Provincial Departments of Education the appointment of full-time instructors in Health Education in the Normal Schools in order that teachers may be equipped to teach Health as a regular subject on the school curriculum.

(Continued from page 34)

must have it," and so have brought about further resistance.

Thus we see in these and in many other ways the science of Psychology may prove an asset to the nurse who intelligently studies it. In the busy period of probation perhaps little time may be afforded to this subject yet surely that little is worth while if it helps in the course of the great work which each has chosen.

THE CANADIAN NURSE

The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 609 Boyd Building, Winnipeg, Man.

Editor and Business Manager: JEAN S. WILSON, Reg.N.

Subscriptions $2.00 a year; single copies 20 cents. Club rates: Thirty or more subscriptions $1.75 each, if names, addresses and money are sent in at one time by one member of a federated association. Combined annual subscription with The American Journal of Nursing $4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 609 Boyd Building, Winnipeg, Man.

"BIOLOGICAL PRODUCTS"

This term, as commonly understood, means simply serums, or serums and vaccines. There are many other biological products, but these two predominate in professional estimation of the class as a whole. The manufacturers of serums and vaccines are licensed after due investigation of the equipment, material and personnel of the plant. This ensures the quality of the finished product, up to a minimum standard.

But there is competition among the different manufacturers, and the best selling point is not simply that the goods are up to standard, but that they are better than the law requires, as good in fact as the latest discoveries in applied bacteriology render possible. Equipment above and beyond the minimum is a great advantage, and long experience is another. To give his patient the best possible service, the physician should, if he thinks there is any difference between one manufacturer's product and that of another, specify his preference in ordering supplies.

Our readers should not miss Parke, Davis & Company's advertisement, headed "Difference in Biological Products," which appears in this issue.

THE FECES AS AN AID IN DIAGNOSIS

Size is no criterion of normalcy, says a prominent gastro-enterologist. Since over 90 per cent. of the dried stool is bacteria, a copious evacuation may even be a sign of colonic disease, i.e., typhoid.

Color. The normal stool should be a golden brown. Clay color indicates either liver or pancreatic trouble. A black stool indicates bismuth or iron medication or bleeding in the upper gastro-intestinal tract. A green stool indicates intestinal fermentation or unchanged bile. Red blood in the stool is usually due to internal hemorrhoids.

Mucus indicates intestinal inflammation.

Acidity. The normal stool is slightly acid. Rectal stasis because of resulting alkalinity produces autolysis of fecal flora, resulting in small, hard, dry stools.

Nujul, the ideal lubricant, is the **therapeutic common denominator** of all types of constipation. Microscopic examination shows that too high a viscosity fails to permeate hardened scybala; too low a viscosity tends to produce seepage. Exhaustive clinical test show the viscosity of Nujol to be physiologically correct and in accord with the opinion of leading medical authorities.

(Continued from page 37)

I have appreciated more than ever since coming here the work which Dr. Jessie and Miss Laura Allyns have been doing among the women and children in and through the hospital. As I hear Miss North tell of how they used to have to get along in the early days of the hospital's history I realize, too, in some measure the amount of hard work and thought that has been spent to bring it up to its present state of efficiency as regards plant, equipment and nursing staff.

Pray for us that we may be greatly used in ministering to the physical needs of the people and through this show to them their greater spiritual need and the One who alone can meet it. Also that our lives may be an inspiration to the nurses who work with us to help their own people.

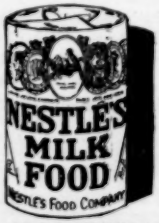
A Safe Food for Infants

For the past sixty years, the composition and process of manufacture of Nestlé's Milk Food have continually kept abreast of the most modern results brought to light by scientific research.

Wherever mother's milk fails

NESTLÉ'S MILK FOOD

provides a safe nutriment for the growing infant; and a foundation for healthy tissues and strong muscles in the run-about child; as well as a satisfying and sustaining food for the invalid and convalescent, where the maximum food value is desired with the minimum digestive effort.



Samples mailed promptly to nurses for their private or hospital use. The coupon below is for your convenience. Mail it to-day.

68

MADE BY THE MAKERS OF LACTOGEN

NESTLÉ'S FOOD COMPANY OF CANADA, LIMITED
84 St. Antoine Street, Montreal

Please send without charge, a supply of Nestlé's Milk Food for a clinical trial.

Name .....

Street .....

Town or City .....

Province..... D

Official Directory

EXECUTIVE COMMITTEE, CANADIAN NURSES' ASSOCIATION

Officers

Honorary President.....Miss M. A. Snively, 50 Maitland Street, Toronto, Ont.
President.....Miss Jean E. Browne, 410 Sherbourne Street, Toronto, Ont.
First Vice-President....Miss Kate Mathieson, Riverdale Isolation Hospital, Toronto, Ont.
Second Vice-President.....Miss M. Hersey, Royal Victoria Hospital, Montreal, P.Q.
Honorary Secretary.....Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver, B.C.
Honorary Treasurer.....Miss Mary Shaw, Jeffery Hale's Hospital, Quebec, P.Q

COUNCILLORS

Alberta: 1 Miss Margaret A. McCammon, R.N., University Hospital, Edmonton; 2 Miss Eleanor McPhedran, Central Alberta Sanitorium, Calgary; 3 Miss Elizabeth Clarke, R.N., Dept. of Health, University of Alberta, Edmonton; 4 Miss Cooper, Ste. 6, Bank of Toronto, Jasper Ave., Edmonton.

British Columbia: 1 Mrs. M. E. Johnston, R.N., 125 Vancouver Blk., Vancouver; 2 Miss K. W. Ellis, R.N., Vancouver General Hospital, Vancouver; 3 Miss M. E. Morrison, R.N., 1823 Chestnut Ave., Victoria; 4 Miss Maud Mirfield, R.N., 1523 Comox St., Vancouver.

Manitoba: 1 Miss E. Russell, Dept. of Nursing, Parliament Bldgs., Winnipeg; 2 Miss M. Martin, General Hospital, Winnipeg; 3 Miss Gertrude Hall, Social Service Dept., General Hospital, Winnipeg; 4 Miss Bannister, Children's Hospital, Winnipeg.

Nova Scotia: 1 Miss Laura M. Hubley, Military Hospital, Cogswell St., Halifax; 2 Miss Sibella A. Barrington, Room 10, Eastern Trust Bldg., Halifax; 3 Miss Margaret McKenzie, Dept. Public Health Nursing, Halifax; 4 Miss Jane F. Watkins, c/o Mrs. Downey, 63 Henry Street, Halifax.

New Brunswick: 1 Miss Margaret Murdoch, General Hospital, St. John; 2 Miss Mary F. Bliss, Soldiers' Memorial Hospital, Campbellton; 3 Miss H. S. Dykeman, Health Centre, St. John; 4 Miss Myrtle Kay, 21 Austin St., Moncton.

Ontario: Miss E. MacP. Dickson, Toronto Free Hospital, Weston; 2 Miss E. Cook, Hospital for Incurables, Toronto; 3 Miss E. Dyke, Room 309 City Hall, Toronto; 4 Miss H. Carruthers, 112 Bedford Road, Toronto.

Prince Edward Island: 1 Miss Hutchison, P.E.I. Hospital, Charlottetown; 2 Miss Eleanor Green, Summerside; 3 Miss Mona G. Wilson, G.W.V.A. Bldg., Charlottetown; 4 Miss Annie McIntyre, 194 Weymouth St., Charlottetown.

Quebec: 1 Miss F. M. Shaw, McGill University, Montreal, P.Q.; 2 Rev. Sr. Duckett, 860 Sherbrooke E., Montreal, P.Q.; 3 Miss Margaret L. Moag, 40 Bishop St., Montreal, P.Q.; 4 Miss Mary Eaton, 758 Sherbrooke St. W., Montreal, P.Q.

Saskatchewan: 1 Miss S. A. Campbell, City Hospital, Saskatoon; 2 Miss C. E. Guillod, General Hospital, Maple Creek; 3 Miss Kathleen E. Connor, Dept. of Education, Regina; 4 Mrs. A. Handrahan, 76 Alder Ave., Moose Jaw.

ADDITIONAL MEMBERS TO EXECUTIVE
(Chairmen National Sections)

Nursing Education: Miss F. M. Shaw, McGill University, Montreal, P.Q. **Public Health:** Miss Florence Emory, Dept. of Public Health Nursing Toronto University, Toronto, Ont. **Private Duty:** Miss E. Hamilton, 50 Crescent Road, Toronto, Ont.

Executive Secretary..... Miss Jean S. Wilson

National Office, 609, Boyd Building, Winnipeg, Man.

1—President Provincial Association of Nurses.
2—Chairman Nursing Education Section.
3—Chairman Public Health Section.
4—Chairman Private Duty Section.

NURSING EDUCATION SECTION

Chairman: Miss F. M. Shaw, School for Graduate Nurses, McGill University, Montreal, P.Q. **Vice-Chairman:** Miss E. I. Johns, Dept. of Nursing, University of British Columbia, Vancouver, B.C. **Secretary:** Miss C. M. Ferguson, Alexandra Hospital, Montreal, P.Q. **Treasurer:** Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.

Councillors.—Alberta: Miss Eleanor McPhedran. **British Columbia:** Miss H. Randal. **Manitoba:** Miss E. Russell. **New Brunswick:** Miss Winslow. **Nova Scotia:** Miss A. Carson. **Ontario:** Miss Esther Cook. **Prince Edward Isle:** Miss Green. **Quebec:** Miss S. E. Young. **Saskatchewan:** Miss C. E. Guillod.

Convener Press Committee: Miss E. Rayside, General Hospital, Hamilton. Ont.

PRIVATE DUTY SECTION

Vice-Chairman: Miss Emma Hamilton, 50 Crescent Road, Toronto, Ont. **Secretary-Treasurer:** Miss Helen Carruthers, 112 Bedford Road, Toronto, Ont.

Councillors.—Alberta:
British Columbia: Miss E. McLeay, 1532 Comox St., Vancouver, B.C. **Manitoba:** Miss M. Frost, Suite 16, Theodora Apts., Winnipeg, Man. **New Brunswick:** Miss Mabel McMullin, St. Stephen. **Nova Scotia:** Miss Jane F. Watkins, 63 Henry St. Halifax. **Ontario:** Miss Helen Carruthers, 404 Sherbourne St. Toronto. **Quebec:** Miss C. Watling, 29 Pierce Ave., Montreal. **Saskatchewan:** Miss C. Andrew, 2301 Halifax St., Regina.

Convener Press Committee: Miss Amelia M. Cahill, 723 Bloor St., Toronto 7, Ont.

PUBLIC HEALTH SECTION

Chairman: Miss Florence Emory, 1 Queen's Park, Toronto, Ont. **Vice-Chairman:** Miss Elizabeth Breeze, R. N., 123 Vancouver Block, Vancouver, B.C. **Secretary:** Miss Muriel Mackay, 190 University Ave., Toronto, Ont.

Councillors.—Alberta: Miss Elizabeth Clarke, Provincial Dept. of Public Health, Edmonton. **British Columbia:** Miss Mary Campbell, R.N., Suite 8, 1625 Tenth Ave. W., Vancouver. **Manitoba:** Miss A. E. Wells, Provincial Health Dept., Winnipeg. **Ontario:** Miss E. H. Dyke, Dept. of Public Health, City Hall, Toronto. **New Brunswick:** Miss H. S. Dykeman, Health Centre, St. John. **Nova Scotia:** Miss Margaret Mackenzie, Provincial Dept. of Public Health, Halifax. **Quebec:** Miss M. L. Moag, R.N., 46 Bishop St., Montreal. **Saskatchewan:** Miss Elsie Nicholson, Red Cross Headquarters, Regina. **Prince Edward Island:** Miss Mona Wilson, G.W.V.A. Bldg., Charlottetown.

Convener Publication Committee: Miss E. Wilson, Provincial Dept. of Nursing, Parliament Bldg., Winnipeg, Man.

ALBERTA ASSOCIATION OF REGISTERED NURSES
(Incorporated April 19, 1916)

President, Miss Margaret McCammon, R.N., University Hospital, Edmonton; First Vice-President, Mrs Katherine Manson, R.N., Royal Alexandra Hospital, Edmonton; Second Vice-President, Miss Sadie MacDonald, R.N., General Hospital, Calgary; Secretary-Treasurer and Registrar, Miss Eleanor McPhedran, R.N., Central Alberta Sanitorium, Calgary

Councillors: Miss E. M. Auger, R.N.; Miss Elizabeth Clark, R.N.; Sister Laverty, R.N.

The
Central Registry
Graduate Nurses

Supply Nurses any hour day or night.

Phone Garfield 382

Registrar
MISS R. BURNETT
33 SPADINA AVENUE
HAMILTON - ONTARIO

The Central Registry of Graduate Nurses, Toronto
Furnish Nurses at any hour
DAY OR NIGHT
Telephone Randolph 3665
Physicians' and Surgeons' Bldg.,
86 Bloor Street, West,
TORONTO
MARGARET EWING, Registrar

WOMENS' HOSPITAL
IN THE STATE OF NEW YORK
West 110th Street, New York City
150 Gynecological Beds
50 Obstetrical Beds
AFFILIATIONS
offered to accredited Training Schools for three months' courses in Obstetrics.
POST-GRADUATE COURSES
Six months in Gynecology, Obstetrics, Operating Room Technic, Clinics, and Ward Management.
Three months in Obstetrics or
Three months in Operating Room Technic and Management.
Theoretical instruction by Attending-Staff and Resident-Instructor.
Post-Graduate Students receive allowance of $15.00 monthly and full maintenance.
Nurse helpers employed on all Wards.
Further particulars furnished on request
For further particulars address—DIRECTRESS OF NURSES

THE
Manitoba Nurses' Central Directory
Registrar—ELIZABETH CARRUTHERS, Reg. N.
Phone B 620
753 WOLSELEY AVENUE
WINNIPEG, MAN.

Canadian Nurses' Association

BIENNIAL MEETING

OTTAWA
AUGUST 23-27, 1926

PARKVIEW, NEW YORK CITY, U.S.A.
Residence and Registry for Graduate Nurses. Phone Susquehanna 6981.
Address:—256 W. 75th Street
NEW YORK CITY, U.S.A.

Please mention "The Canadian Nurse" when replying to Advertisers.

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

President, Mrs. M. E. Johnston, R.N., 125 Vancouver Blk., or Bute St. Hospital, Vancouver; First Vice-President, Miss Elizabeth Breeze, R.N.; Second Vice-President, Miss Jessie MacKenzie, R.N.; Secretary, Miss Katherine Stott, R.N., 125 Vancouver Blk., Vancouver; Registrar, Miss Helen Randal, R.N., 125 Vancouver Blk., Vancouver.

Council: Misses E. I. Johns, R.N.; Ethel Morrison, R.N.; Maud Mirfield, R.M.; K. W. Ellis, R.N.; Mary Campbell, R.N.; L. McAllister, R.N.; and Mrs. Eve Calhoun, R.N.

THE MANITOBA ASSOCIATION OF GRADUATE NURSES

President, Miss E. Russell, Supt. of Nurses, Provincial Health Dept., Parliament Bldg., Winnipeg; First Vice-President, Miss C. McLeod, Superintendent, General Hospital, Brandon; Second Vice-President, Miss Mary Martin, Supt. of Nurses, General Hospital, Winnipeg; Third Vice-President, Miss M. Bannister, Children's Hospital, Winnipeg; Treasurer, Miss M. Wilkins, 753 Wolseley Ave., Winnipeg; Recording Secretary, Miss E. Carruthers, 753 Wolseley Ave., Winnipeg; Corresponding Secretary, Miss Stella M. Gordon, 251 Stradbrooke Ave., Winnipeg.

NEW BRUNSWICK ASSOCIATION OF REGISTERED NURSES

President, Miss Margaret Murdoch, R.N., General Public Hospital, St. John; First Vice-President, Miss Alena J. MacMaster, R.N., City Hospital, Moncton; Second Vice-President, Miss Bessie Budd, R.N., St. Stephen; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, R.N., 215 Ludlow St., West St. John.

Councillors.—St. John: Misses Emma J. Mitchell, R.N.; Florence Coleman, R.N.; Ella McGaffegan, R.N.; H. S. Dykeman, R.N.; and Mrs. T. B. Reynolds, R.N.; Moncton: Miss Myrtle E. Kay, R.N.; St. Stephen: Miss Clara Boyd, R.N.; Woodstock: Miss Grayce Toms, R.N.; Campbellton: Miss Mary Bliss, R.N.; Newcastle: Miss Eliza Keys, R.N.; Fredericton: Mrs. C. D. Richards, R.N.

Conveners of Committees.—Public Health: Miss Hinlota S. Dykeman, R.N., Health Centre, St. John; Private Duty: Miss Myrtle E. Kay, R.N., 21 Austin St., Moncton; Nursing Education: Miss Mary Bliss, R.N., Soldiers' Memorial Hospital, Campbellton: "The Canadian Nurse:"; Miss Alena J. MacMaster, City Hospital, Moncton.

THE GRADUATE NURSES' ASSOCIATION OF NOVA SCOTIA, HALIFAX

Hon. President, Miss C. M. Graham, 17 North St., Halifax; President, Miss L. M. Hubley, R.N., Military Hospital, Halifax; Local Vice-President, Miss A. D. Carson, R.N., Victoria General Hospital, Halifax; Provincial Vice-President, Miss S. A. Archard, R.N., Victoria General Hospital, Halifax; Secretary, Miss M. F. Campbell, R.N., 344 Gottingen St., Halifax; Treasurer, Miss L. F. Fraser, R.N., 325 South St., Halifax.

GRADUATE NURSES' ASSOCIATION OF ONTARIO (Incorporated 1908)

President, Miss E. MacP. Dickson, Reg. N., Toronto Free Hospital, Weston; First Vice-President, Mrs. A. C. Joseph, Reg. N., London; Second Vice-President, Miss M. I. Foy, Reg. N., Toronto; Secretary-Treasurer, Miss Beatrice L. Ellis, Western Hospital, Toronto.

Directors—Miss H. Carruthers, Reg. N., Toronto; Miss Laura Holland, Reg. N., Toronto; Miss Eunice Dyke, Reg. N., Toronto; Miss A. Malloch, Reg. N., London; Miss E. Hickey, Reg. N., Toronto; Miss Arnold, Reg. N., Windsor; Miss Stevens, Reg. N., Ottawa; Miss E. J. Jamieson, Reg. N., Toronto; Miss K. Mathieson, Reg. N., Toronto; Mrs. A. C. Bilger, Reg. N., Kitchener; Mrs. W. J. Tighe, Reg. N., London; Miss J. McArthur, Reg. N., Goderich; Miss H. Doeringer, Reg. N., Brantford; Miss C. Harley, Reg. N., Hamilton; Miss G. Fairley, Reg. N., London; Miss G. Bryan, Reg. N., Whitby; Miss E. Davidson, Reg. N., Peterborough; Miss L. Rogers, Reg. N., Kingston; Miss E. Cook, Reg. N., Toronto.

ASSOCIATION OF REGISTERED NURSES FOR PROVINCE OF QUEBEC

President, Miss F. M. Shaw, McGill University, Montreal; Vice-President, Sister M. Duckett, Notre Dame Hospital, Montreal; Recording Secretary and Treasurer, Miss L. C. Phillips, 750 St. Urbain St., Montreal; Corresponding Secretary, Miss M. A. Samuel, 242 Sherbrooke St. W., Montreal.

Committee—Miss M. Moag, Miss S. Young, Miss H. Chagnon.

Advisory Committee—Miss M. Hersey, Miss Frances Upton, Miss M. Eaton, Miss Lecompte, Sister Laberge

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION. (Incorporated March, 1917)

President, Miss S. A. Campbell, City Hospital, Saskatoon; First Vice-President, Miss C. M. Kier, City Health Dept., Moose Jaw; Second Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Councillors, Miss R. M. Simpson, Dept. of Education, Regina; Miss C. I. Stewart, Red Cross Society, Regina; Secretary-Treasurer, Miss Elda M. Lyne, 39 Canada Life Bldg., Regina.

CALGARY ASSOCIATION OF GRADUATE NURSES

Hon. President, Mrs. Stuart Brown; President, Miss N. B. D. Hendrie; 1st Vice-President, Miss MacKay; 2nd Vice-President, Miss M. P. Hendrie; Treasurer, Miss Harriet Ashe; Corresponding Secretary, Mrs. De Satge; Recording Secretary, Miss Marion Lavelle.

Conveners of Committees—Private Duty, Mrs. Fulcher.

Entertainment—Miss Peat.

Finance—Miss Agnes Kelly.

Registrar—Miss M. E. Cooper, Ste. 8 Radio Block.

THE EDMONTON GRADUATE NURSES' ASSOCIATION

President, Miss Olive Ross; Vice-President, Miss Brazier; Secretary, Miss J. E. Martin; Assistant Secretary, Miss A. A. Kennedy; Treasurer, Miss Fallows; Registrar, Miss Sproule.

Members of Executive—Mrs. Manson, Miss Shearer.

MEDICINE HAT GRADUATE NURSES' ASSOCIATION

President, Miss E. M. Auger, General Hospital, Medicine Hat; 1st Vice-President, Mrs. F. Gershaw, 826 2nd St. S.E., Medicine Hat; 2nd Vice-President, Mrs. H. Dixon, 816 2nd St. S.E., Medicine Hat; Secretary, Miss Joy Reid, General Hospital, Medicine Hat; Treasurer, Miss B. C. Brown, General Hospital, Medicine Hat; "The Canadian Nurse" Representative, Mrs. R. H. Hayward, 241 3rd St., Medicine Hat; Executive Committee, Miss F. Smith, 938 4th St., Mrs. R. H. Hayward, 241 3rd St., and Miss Alice Nash, Isolation Hospital, Medicine Hat; Flower Committee, Mrs. C. A. Anderson, 335 1st St. S.E., Medicine Hat; "The Canadian Nurse" Correspondent, Miss Davidson, Y.W.C.A., Medicine Hat; New Members, Mrs. John Tobin, 81 4th St., Medicine Hat.

ALUMNAE ASSOCIATION OF THE SCHOOL OF NURSING, ROYAL ALEXANDRA HOSPITAL, EDMONTON, ALTA.

Hon. President, Miss B. Guernsey, Royal Alexandra Hospital; President, Miss Annie F. Lawrie, Royal Alexandra Hospital; First Vice-President, Miss B. Bean, Douglas Block; Second Vice-President, Mrs. C. E. McManus, Westminster Apartments; Treasurer, Miss A. L. Young, The Isolation Hospital; Secretary, Miss Lilian Lawrie, Royal Alexandra Hospital; Corresponding Secretary, Miss A. M. Anderson, Royal Alexandra Hospital.

Executive Committee.—The Officers, and Miss Elizabeth Clarke, Public Health Department; Mrs. H. Philip Baker, 10514 126th St.; Miss Van Camp. Clover Bar;Sick Visiting Committee, Mrs. C. Chinneck 9913-112th Street, and Mrs. R. A. Cameron, 9828-108th Street; Refreshments, Miss H. Smith, Royal Alexandra Hospital.

VANCOUVER GRADUATE NURSES' ASSOCIATION

President, Miss K. Ellis; 1st Vice-President, Miss McLellan; 2nd Vice-President, Miss M. Mirfield; Secretary, Miss J. Johnston; Treasurer and Registrar, Miss Archibald; Executive Committee, Misses Randal, Hare, McLane, McLeay, Mrs. Farrington, Mrs. Calhoun.

Regular Meeting—First Monday in each month.

ALUMNAE ASSOCIATION OF ST. PAUL'S HOSPITAL, VANCOUVER, B.C.

Hon. President, Rev. Sister Clarissa, Superior, St. Paul's Hospital; President, Miss Muriel Wilkinson, R.N.; 1008 22nd Ave. E., Hon. Vice-President, Rev. Sister Mary Adolphonse, R.N., St. Paul's Hospital; Vice-President, Mrs. D. MacLure, R.N., Manhattan Apts.; Secretary-Treasurer, Miss Lena Wirth, R.N., 1448 Nelson St., Doug. 2400R.

Executive Committee—Miss Jennie Campion, Miss Blanche Lord, Miss Elva Stevens, Miss Alix Kerr, Miss Jennie Morton.

Regular Meeting—First Tuesday in each month.

Obstetric Nursing

THE CHICAGO LYING-IN HOSPITAL offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of accredited training schools associated with general hospitals.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

ADDRESS:

Chicago Lying-in Hospital and Dispensary

426 East 51st Street, CHICAGO

A Post-Graduate Training School for Nurses

AND

An Affiliated Training School for Nurses

The Massachusetts Eye and Ear Infirmary, 243 Charles Street, Boston, offers to graduates of accredited training schools a two months' course, both theoretical and practical, in the nursing care of the diseases of the eye, ear, nose and throat. The course includes operating room experience. If desired, a third month may be spent in the social service department.

This course is very valuable to public health nurses, especially to those in schools and industries.

Hospital capacity, 211 beds; Outpatients daily average 226. A comfortable and attractive Nurses' Home faces the Charles River. Allowance to post-graduate students, twenty (20) dollars a month and full maintenance. The same course, including the third month, is available by application to students of approved schools.

For further information address:—

SALLY JOHNSON, R.N.,
Superintendent of Nurses

Graduate Course
—IN—
Psychiatric Nursing

The Society of the New York Hospital offers, at Bloomingdale Hospital, to graduates of registered schools of nursing, a six-months' course in the nursing of nervous and mental disorders.

The course is especially designed for nurses who are preparing for general nursing, executive positions and public health work, and consists of lectures, class-room instruction, and supervised practical work. Included in the course is some instruction and practise in occupational and physical therapy. A Certificate is issued to those who satisfactorily complete the course.

Board, lodging and laundry are furnished by the Hospital, and an allowance of $25.00 per month.

For circular and further information, address

BLOOMINGDALE HOSPITAL,
White Plains, N.Y.

Please mention "The Canadian Nurse" when replying to Advertisers.

ALUMNAE ASSOCIATION OF THE VANCOUVER GENERAL HOSPITAL

Hon. President, Miss K. Ellis; President, Miss Allena Croll, 836 14th Ave. W.; 1st Vice-President, Mrs. M. Wilson, 541 13th Ave. W.; 2nd Vice-President Mrs. E. D. Putnam, 2971 37th Ave. W; Sec.-Treas., Mrs. Roy Stevens, 3 101 7th Ave. E.; Assistant Sec., Mrs. A. C. Yuill, 1844 Vine St.

Conveners Standing Committees, etc.: Programme, Miss Mae Gibson, Vancouver General Hospital; Refreshments, Miss Shand, Vancouver General Hospital; Sick Visiting, Miss Mary McLane, 3151 2nd Ave. W.; Sewing, Miss D. Bullock, 2525 2nd Ave. W.; Press, Miss Leora Timmins, Vancouver General Hospital; Membership, Miss Grace Watson, Vancouver General Hospital.

PROVINCIAL ROYAL JUBILEE HOSPITAL ALUMNAE ASSOCIATION, VICTORIA, B.C.

Life Members, Miss G. Mouat, Mrs. John Murray, Mrs. Bullock-Webster; Hon. Members, Miss J. L. Mackenzie, Miss Gregory-Allan; President, Mrs. L. S. V. York, 1140 Burdette Ave.; 1st Vice-President, Mrs. M. W. Thomas, 235 Howe Street; 2nd Vice-President, Miss F. Fullerton, 1342 Pembroke Street; Treasurer, Mrs. M. M. Johnson, 1221 Rockland Street; Secretary, Mrs. R. V. Collins, P.R.J. Hospital; Ass. Secy., Mrs. John Russell, 1275 Oxford Street; Entertainment Committee, Mrs. F. R. Pollock, 216 Vancouver Street.

THE GRADUATE NURSES' ASSOCIATION OF BRANDON

Hon. President, Miss Birtles, Alexander; President, Mrs. Darrach, 205 Victoria St.,First Vice-President, Miss M. Gemmell, 253-16th St.; Second Vice-President, Miss R. Dickie, R.N.; Secretary Miss A. F. Mitchell, R.N., Mental Hospital; Treasurer, Miss K. Campbell, 417-17th St.; Registrar, Miss C. McLeod, General Hospital; Press Representative, Miss M. Burnett, 428-10th St.; Convener, Sick Visiting Committee, Mrs. Pierce, 1608 Lorne Ave.; Convener, Social and Programme Committee, Miss C. J. Sutherland, General Hospital.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MAN.

Hon. President, Rev. Sister Gallant; Hon. Vice-President, Rev. Sister Letellier; President, Miss Alice Chafe; 1st Vice-President, Mrs. McLeod; 2nd Vice-President, Miss Alice Laporte; Secretary, Miss Irene Maguire, 182 Kennedy St., Winnipeg; Treasurer, Miss Bowling.

Conveners of Committees—Social, Miss Jessie Morrison; Refreshment, Miss Cloutier; Sick Visiting, Miss Bresnan; Representative to Nurses' Registry, Miss A. C. Starr; Representative to Press, Miss C. Code.

HAMILTON CHAPTER OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss Mabel Barclay, 132 Ontario Ave.; Vice-chairman, Miss Kelly, 250 Hughson Street N.; Secretary, Miss Helen R. Macdonald, 38 Herkimer St.; Treasurer, Miss K. Crane, 24 Rutherford Ave.

Executive Committee—Miss Carrol, 774 King St. E.; Miss Aldred, 99 West Ave.; Miss Shepperd, 81 Wellington St., S.

Representative to Local Council of Women—Miss Moran, 405 King St. E; Miss Hobden, Hamilton General Hospital.

THE OTTAWA CHAPTER OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss Mable Stewart, Protestant General Hospital, Ottawa; Vice-Chairman, Miss Emily Maxwell, St. Lukes' Hospital, Ottawa; Secretary, Miss Anna Stackpole, 145 O'Connor St., Ottawa; Treasurer, Mrs. Thomas Curtis, Westboro P.O., Ontario.

THE TORONTO CHAPTER OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

Executive for 1923-1924—President, Miss K. Russell, 1 Queen's Park, Toronto (N. 8760); Vice-President, Miss Olive Gipson, 84 Harwood Ave.; Corresponding Secretary, Miss Barnes, 615 Huron St. (H. 2370 F); Treasurer, Miss Rowan, G.N.A.O., 495 Euclid Ave.; Representative, Miss Gipson; Local Council Representatives, Miss Haslem, 48 Howland Ave.; Mrs. Struthers, 558 Bathurst St., Miss Kingston; Programme Committee, Miss Chalk, 125 Rusholme Road; Miss Clark; Miss Morgan; Press and Publication Committee: Miss McClelland, 436 Palmerston Blvd., and Miss Cousins; Legislative Committee, Miss Ryde, 708 Dovercourt Road.

GALT GRADUATE NURSES' ASSOCIATION

President, Mrs. William Wallace, 56 Forbes St.; Vice-President, Miss Jessie Bell, 56 Forbes St.; Second Vice-President, Miss Dorothy Turnbull, St. Andrews St.; Secretary-Treasurer Miss M. King, Galt General Hospital; Corresponding Secretary, Miss G. Rutherford, 79 West Main N

THE KITCHENER AND WATERLOO GRADUATE NURSES' ASSOCIATION

President, Miss Winterhalt; First Vice-President, Miss McTague; Second Vice-President, Miss Orr; Treasurer, Mrs. Wm. Knell, 126 Breithaupt St., Kitchener; Secretary, Miss Elsie Masters, 13 Chapel St., Kitchener; Representative to "The Canadian Nurse," Miss Ada Wesseloh, 82 Weber St., E. Kitchener.

THE EDITH CAVELL ASSOCIATION OF LONDON

President, Miss Blanche Rowl, R.N., 270 Ridout Street S.; 1st Vice-President, Miss Anne Forrest, R. N., Queen Alexandra Sanitorium.

2nd Vice-President, Miss Margaret Waters, R. N., 15 McKinnon Place; Secretary-Treasurer, Miss Gladys Wilson, R. N., 822 King Street; Executive Committee: Officers. Meetings, last Monday evening in each month in Institute of Public Health at 8 o'clock.

THE FLORENCE NIGHTINGALE ASSOCIATION OF GRADUATE NURSES, OTTAWA

Hon. President, Miss M. A. Catton, 459 Besserer St.; President, Mrs. L. M. Dawson, 83 Second Ave.; Vice-President, Miss G. P. Garvin, Isolation Hospital; Recording Secretary, Miss F. M. Bennetts, 334 McLeod St.; Corresponding Secretary, Miss M. F. Jackson, 168 Cooper St.; Treasurer, Miss F. E. Cox, Royal Ottawa Sanitarium.

Executive Officers and Conveners of Committees—"The Canadian Nurse," Mrs. D. S. Johnston, 63 Ossington Ave.; Sick Visiting, Miss M. Haldane, 170 Cobourg St.; Representatives to Chapter, President and Miss M. E. Stevenson, V.O.N., Jackson Bldg.; Representatives to Registry, Miss O'Reilly and Miss Allen; Representatives to Local Council of Women, the Officers; Nominating, Miss L. C. Stevens, 96 Argyle Ave.; Miss Doumachel, 103 Henderson Ave.; Membership, Miss G. M. Bennett, Royal Ottawa Sanitarium.

Meets every third Thursday.

SMITH'S FALLS GRADUATE NURSES' ASSOCIATION

Hon. President, Miss J. Taggart; President, Mrs. E. R. Peck; First Vice-President, Miss G. Shields; Second Vice-President, Miss E. Condie; Recording Secretary, Miss McLean; Treasurer, Miss Clark; Corresponding Secretary, Miss J. Halvan; Registrar, Miss M. McCreary.

Convener of Social Committee—Miss A. Church.

Convener of Visiting Committee—Miss Willoughby.

Representatives to Local Council of Women—Misses A. Church, G. Shields and O. McKay.

Regular Meeting—Third Wednesday of each month.

THE THUNDER BAY GRADUATE NURSES' ASSOCIATION, FT. WILLIAM AND PT. ARTHUR, ONT.

Hon. President, Mrs. J. E. Cook; Past President, Mrs. J. McClure; Hon. Member, Sister Francis; President, Miss S. M. McDougall; First Vice-President, Miss P. Morrison; Second Vice-President, Miss I. Saunders; Third Vice-President, Miss J. Hogarth; Secretary, Miss M. McCutcheon; Treasurer, Miss T. E. Gerry.

Social Committee Convener, Mrs. B. M. Harvey, Fort William; Social Committee, Mrs. W. J. Sterrett, Misses Oliver and Fortune, Port Arthur; Mrs. Millar, Misses Carson and Warner, Fort William: Sick Visiting Committee, Misses Saunders, Coghlan and Wade; Private Duty, Mrs. W. Young, Port Arthur; Miss C. McLeod, Fort William; Membership Committee, Mrs. Wark, Miss Oliver, Port Arthur; Miss Cunningham, Fort William; "Canadian Nurse" Representative, Mrs. H. S. Hancock, Fort William; Reporter, Miss Irene Saunders, Port Arthur.

Regular Meeting—First Thursday in each month.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO

President, Miss Barbara Blackstock, 79 Prince Arthur Ave.; Vice-President, Miss Jean Wardell, 86 Bloor St. W.; Treasurer, Miss Mildred Sellery, 678 Spadina Ave.; Secretary, Miss Rubena Duff, Women's College Hospital.

BELLEVILLE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss M. Tait, R.N. (Superintendent Belleville Hospital); President, Miss F. Fitzgerald, R.N.; Vice-President, Miss H. Collier, R.N.; Secretary, Mrs. A. R. Newman, R.N.; Treasurer, Miss F. Hannah, R.N.; Corresponding Secretary, Miss S. Brockbank, R.N.;Flower and Visiting Committee, Miss Humphries, Mrs. P. E. Cooke, Miss Soutar, Miss Hull; Advisory Board, Mrs. P. E. Cooke, Miss Soutar, Miss Cockburn, Miss Jones, Miss Coulter.

Regular Meeting, First Tuesday in each month at 3.30 p.m. in the Nurses' Residence.

ALUMNAE ASSOCIATION OF THE BRANTFORD GENERAL HOSPITAL, BRANTFORD, ONT.

Hon. President, Miss E. McKee, Brantford General Hospital; President, Miss E. Duffy; Vice-President, Miss A. Hough; Secretary, Miss A. Hardisty, 124 Dundas St., Brantford; Asst. Secretary, Miss I. Marshall; Treasurer, Miss Jessie Wilson, 59 Dufferin Ave., Brantford; Flower Committee, Miss S. Livett, Miss G. Westbrooke; Gift Committee, Miss A. Hough, Miss V. Vanvalkenburg; Press Correspondent, Miss D. Small; "The Canadian Nurse" Representative, Miss H. Potts, Brantford General Hospital.

Regular meeting held in the Nurses' Residence, first Tuesday of each month at 8.15 p.m.

BROCKVILLE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Alice L. Shannette, R.N., Superintendent, B.G.H.; President, Miss Maude G. Arnold, R.N., 206 King St. East; First Vice-President, Mrs. H. B. White, R.N., 133 King St. East; Second Vice-President, Miss Jean Nicholson, R.N., 266 King St. West; Secretary, Miss B. Beatrice Hamilton, R.N., Assistant Superintendent, B.G.H.; Assistant Secretary, Mrs. Herbert Vandusen, R.N., Church St.; Treasurer, Mrs. Manford Hewitt, R.N., Brockville.

Representative to "The Canadian Nurse"—Miss Mary Donoghue, R.N., Military Hospital, St. Anne de Bellvue, Que.

Programme, Entertainment and Refreshment Committees—Miss Mary Donoghue, R.N.; Mrs. Allan Gray, R.N., 466 King St. W.; Miss Hazel Rowsome, R.N., 96 James St. E.

Regular Monthly Meeting—The first Saturday in each month, at 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, CHATHAM, ONT.

Hon. President, Mother M. Louise; Hon. Director, Sister M. Pascail; President, Miss Hazel Gray; Vice-President, Miss Charlotte Neff; Secretary, Miss E. Riegling; Treasurer, Miss Angela Blonde.

Representative to "The Canadian Nurse"—Miss Anna Currie.

Sick Visiting Committee—Miss L. Richardson and Miss G. Norton.

Regular Meeting: First Monday of each month.

CORNWALL GENERAL HOSPITAL ALUMNAE ASSOCIATION, CORNWALL, ONT.

Hon. President, Miss Lydia Whiting, R.N.; President, Miss Mabel Hill, R.N.; Vice-President, Mrs. Bolduc; Representative to "The Canadian Nurse," Mrs. Hirst; Secretary-Treasurer, Miss Mary Fleming, R.N.

THE ALUMNAE ASSOCIATION OF THE ROYAL ALEXANDER HOSPITAL, FERGUS, ONT.

Hon. President, Mrs. Little, R.N., Rockwood, Ont.; President, Miss Helen Campbell, R.N., Women's College Hospital, Toronto, Ont.; Vice-President, Mrs. Davidson, R.N., Fergus, Ont.; Treasurer, Miss Bertha Brittinger, R.N., 8 Oriole Gardens, Toronto; Corresponding Secretary, Miss M. Petty, R.N., R.A. Hospital, Fergus, Ont.; Recording Secretary, Miss E. Osborne, R.N., 8 Oriole Gardens, Toronto; Press Representative, Miss Jean Campbell, R.N., 72 Hendriek Ave., Toronto.

GUELPH GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Miss Maude Tolton, R.M.D. No. 3; First Vice-President, Miss S. MacKenzie, G.G.H.; Second Vice-President, Miss A. L. Fennell, 50 King St.; Treasurer, Miss Hazel Young, Liverpool St.; Secretary, Miss Bessie Millar, Powell St. E.

Flower Committee—Miss Beth Richardson, Miss Quinn and Miss B. Morris.

Correspondent to "The Canadian Nurse"—Miss Ethel M. Eby, 50 King St.

HAMILTON GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Edith Rayside, Hamilton General Hospital; President, Miss H. Sabine, 132 Ontario Ave.; Vice-President, Miss I. McIntosh, 353 Bay St.; Secretary, Miss E. Wright, 222 Mountain Park; Treasurer, Miss O. Watson, 80 Grant Avenue; Assistant Treasurer, Miss E. Hazelwood; Corresponding Secretary, Miss E. Swayze, Hamilton General Hospital; Executive Committee, Miss E. Davidson, 83 Fairholt Road South; Miss C. Waller, 597½ King E.; Miss M. Pegg, 80 Grant Ave.; Miss Grinyer, 26 St. Matthews' Ave.; Mrs. Hess, 139 Wellington N.; The "Canadian Nurse" Committee, Miss C. Taylor, Miss R. Burnett, Miss M. Ross, Miss C. Waller, Miss A. Squires.

Representative Private Duty Nurses' Section, Miss Hanselman.

Representative to G.N.A.O. Executive, Miss C. Harley.

Representative to Central Registry, Miss A. Kerr, Miss B. Binkley, Miss C. Waller, Mrs. Johnson.

Representatives to National Council of Women, Mrs. Tarlton, Miss Mabel Dunlop, Miss Cole, Miss Burnett.

Programme Committee, Miss E. Buckbee, Miss M. Pegg, Miss G. Powell, Miss C. Harley, Miss R. Galloway.

Sick Committee, Misses A. Kerr, M. Pegg, B. Binkley, N. MacPherson.

ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, HAMILTON, ONT.

Hon. President, Sister M. Assumption, St. Joseph's Hospital; President, Miss Irene Murray, 21 Gladstone Ave.; Vice-President, Miss M. Maloney, 31 Eric Ave.; Treasurer, Miss Quinn, 12 Cumberland Ave.; Secretary and Corresponding Secretary, Miss M. Kelly, 43 Gladstone Ave.; Sick Visiting Nurses' Committee, Miss Fagan, 49 Spadina Ave.; Miss Wrenn, 179 Hess St.N.; Representative Private Duty Nurse, Miss Dermody, 16 Victoria Ave. N.; Representative Central Registry, Miss Corrol, 774 King St. E.; Charity Committee, Miss A. Maloney, 31 Eric Ave.; Representative to "Canadian Nurse," M. Baley, 203 Main St. E.; Executive Committee, Misses Cahill and McClarty, 774 King St. E.; Miss Nally, 157 East Ave. N.; Miss Smith, 179 Hess St. N.; Miss Crane, 24 Rutherford.

KINGSTON GENERAL HOSPITAL ALUMNAE ASSOCIATION, KINGSTON, ONT.

First Hon. President, Miss Emily Baker; Second Hon. President, Miss Annie Baillie; President, Mrs. H. Leggett; First Vice-President, Miss Evelyn Freeman; Second Vice-President, Mrs. J. C. Spence; Secretary, Miss Gwen Austin; Assistant Secretary, Miss J. Harold; Treasurer, Mrs. C. W. Mallory; Assistant Treasurer, Mrs. H. E. Pense; Flower Committee, Mrs. George Nicol; Registry Nurse, Miss E. Freeman; "The Canadian Nurse" and Press Reporter, Miss A. M. Goodfriend.

KITCHENER & WATERLOO GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Mrs. H. M. Lackner; 1st Vice-President, Miss Hossfelt; 2nd Vice-President, Miss Livingston; Secretary, Miss F. Wolfe; Treasurer, Miss E. Pfeffer; Representative to "The Canadian Nurse," Miss A. Weseloh.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, LONDON, ONT.

Hon. President, Sr. Zeta, Superior; Hon. Vice-President, Sr. Patricia; President, Mrs. A. Kelly, 819 Elias St., London; First Vice-President, Miss L. Golden, 382 Queen's Ave., London; Second Vice-President, Miss L. Morrison, 298 Hyman St , London; Recording Secretary, Miss H. Pitt, 440 Pall Mall St., London; Corresponding Secretary, Miss L. McCaughey, 359 Central Ave., London; Treasurer, Miss Rose Hanlon, 59 Elmwood Ave., London; Representatives on Board of Central Registry, Mrs. W. Tighe, Mrs. A. Kelly.

Monthly Meeting—First Wednesday at St. Joseph's Assembly Hall.

VICTORIA HOSPITAL ALUMNAE ASSOCIATION, LONDON, ONT.

President, Miss Grace Fairley, Superintendent of Nurses, Victoria Hospital; First Vice-President, Miss Ann P. Evans, 639 Wellington St.; Second Vice-President, Miss Helen Bapty, 149 St. James St.; Secretary-Treasurer, Alice H. Clarke, 76 Cathcart St.; Assistant Secretary, Miss Josephine Little, Superintendent, Aged People's Home; Executive Committee: Miss M. Duffield, Victorian Order of Nurses, 104 Horton St.; Miss Anna Forrest, Byron Sanatorium; Miss Blanche Rowe, Public Health Nurse, Adanac Apts.; "Canadian Nurse" Representative, Miss Bertha Smith, 170 Wortley Rd.

THE ALUMNAE ASSOCIATION OF ORILLIA SOLDIERS' MEMORIAL HOSPITAL

Hon. President, Miss Eleanor Johnston, R.N., O.S.M.H.; President, Miss L. V. McKenzie, R.N.; First Vice-President, Miss M. Harvie, R.N., O.S.M.H.; Second Vice-President, Miss M. Glennie, R.N.; Secretary-Treasurer, Miss G. Went, R.N.; Recording Secretary, Miss M. Dundas, R.N., O.S.M.H.

Directors—Miss Glennie, R.N.; Miss Gray, R.N.; Miss Mae Lelland, R.N.

Visiting Committee—Miss G. Dudenhoffer, R.N.; Miss Garry, R.N.; Miss Harvie, R.N.

Programme Committee—Miss Newton, R.N.; Miss Hart, R.N.; Miss Towle, R.N.

Regular Meeting—First Tuesday in each month.

OSHAWA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss E. MacWilliams, Superintendent of Nurses; President, Mrs. C. E. Hare; Vice-President, Mrs. B. Brown; Sec. and Corres. Sec., Mrs. G. M. Johnston, Box 529 Oshawa; Treasurer, Miss Ann Scott; Executive Committee, Miss J. Cole, Miss C. Stewart; Social Committee, Mrs. Canning, Mrs. Hare, Mrs. Brown; Private Duty Nurses' Section, Miss Hanna; Visiting Committee, Miss Cole, Miss Hanna.

LADY STANLEY INSTITUTE ALUMNAE ASSOCIATION, OTTAWA. (Incorporated 1918).

Hon. President, Miss M. A. Catton, 2 Regent St.; President, Miss M. McNeice, 475 Lisgar St.; Vice-President, Miss E. McGibbon, 112 Carling Ave.; Secretary, Miss O. M. Rogan, 152 Hinton Ave.; Treasurer, Miss Mary Slinn, 204 Stanley Ave.; Board of Directors, Miss C. Flack, 152 First Ave.; Miss E. McColl, Vimy Apts., Charlotte St.; Miss L. Belford, Perley Home; "Canadian Nurse" Representative, Miss C. Flack, 152 First Ave.

THE NURSES' ALUMNAE ASSOCIATION OF OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sister Flavie Domitille; President, Miss Flossie Nevins; Vice-President, Miss Isabel McElroy, 18 Botelier St.; 2nd Vice-President, Mrs. A. Lattimer; Sec.-Treas., Miss Verdna Brennan, 190 Osgoode St.; Membership Secretary, Miss Alice Beauchamp; Representatives to Central Registry, Miss E. Dea and Miss A. Stacpole; Representative to "The Canadian Nurse," Miss Kathleen Bayley; Representatives to Local Council of Women, Mrs. C. L. Devitt, Miss G. Evans, Mrs. A. Lattimer, Mrs. E. Viau.

Board of Directors composed of one member of each class numbering twenty-five.

Regular monthly meeting first Friday of each month at 8 p.m.

THE ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL, OTTAWA, ONT.

President, Miss L. D. Acton; Vice-President, Miss E. Maxwell; Secretary, Miss Pearl McQuitty, St. Luke's Hospital; Treasurer, Miss G. Stanley.

Representative to Local Council of Women—Miss M. Hewitt.

Nominating Committee—Mrs. Way, Miss N. Lovering, Miss S. Johnston.

ALUMNAE ASSOCIATION OF THE OWEN SOUND GENERAL AND MARINE HOSPITAL

Hon. President, Miss J. K. McArthur; President, Miss Sein, 860 Third Ave. E.; First Vice-President, Miss Lynn; Second Vice-President, Miss O. Stewart; Sec.-Treas., Miss Edna Johnson, G. & M. Hospital.

Sick Visiting Committee—Miss Rusk (Convener,) Mrs. F Garrett, Mrs. D. McMillan.

Private Duty Committee—Miss A. Sitzer, 531 Third Ave.

Programme Committee—Miss O. Stewart (Convener) Miss I. Forhan, Miss E. Webster.

Press Representative—Miss D. Findlay.

NICHOLLS' HOSPITAL ALUMNAE ASSOCIATION, PETERBORO, ONT.

Hon. President, Mrs. E. M. Leeson, Superintendent Nicholls' Hospital; President, Miss Fanny Dixon, 216 McDonnell Street; First Vice-President, Miss Mildred Drope, Grand Central Apts.; Second Vice-President, Miss Walsh, Assistant Superintendent Nicholls' Hospital; Secretary, Miss M. McCallum, Night Supervisor Nicholls' Hospital; Treasurer, Mrs. Maurice Pringle, 254 London St.; "Canadian Nurse" Representative, Miss Jessie Deyell, Bailieboro, Ont.; Private Duty Representative, Miss Mildred Drope; Representatives to Local Council of Women, Miss Davidson, Miss Beatty, Miss Long; Entertainment Committee, Miss Greer, Miss Humphrey, Miss Tucker, Miss Wasson.

Regular Monthly Meeting—Third Wednesday, 3 p.m.

SARNIA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Kathleen Scott; President, Miss Fisher; Vice-President, Miss Lumby; Secretary, Miss Mary Firby; Treasurer, Miss S. Laugher; Correspondent to "The Canadian Nurse," Miss Watson.

THE SAULT STE. MARIE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. Director, Rev. Sister Aeyndina; President, Miss M. Delaney; First Vice-President, Mrs. O'-Driscoll; Second Vice-President, Miss S. Kehoe; Secretary-Treasurer, Miss F. Allerdice, General Hospital.

STRATFORD GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss A. M. Munn; President, Miss M. Derby; Vice-President, Miss A. Snider; Secretary-Treasurer, Miss C. J. Zoeger.

Representative to "The Canadian Nurse"—Miss C. J. Zoeger.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL AND MARINE HOSPITAL, ST. CATHARINES, ONTARIO

Hon. President, Miss Meiklejohn (Superintendent Mack Training School); President, Mrs. W. J. Durham, R.R. No. 4; 1st Vice-President, Mrs. Neil Buchanan, 26 Wolsely Ave.; 2nd Vice-President, Miss Mazie Merriott, 16 Richmond Ave.; Treasurer and Secretary, Miss Norma Grenville, Box 60, Thorold, Ont.; Asst. Secretary, Mrs. Combs, 24 Lowell Ave.; "The Canadian Nurse" Representative, Miss Mary F. Stevens, 17 Academy St.; Social and Programme Committee, Mrs. Jacques (Convener), 150 Russell Ave., Miss Tuck, Miss Gladys Miller, Miss Mary Phipps; Auditors, Mrs. James Parnell, Mrs. Leo Bradt.

THE ALUMNAE ASSOCIATION OF THE AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONT.

President, Miss H. Hastings, 12 Meda St.; First Vice-President, Miss J. Killins; Memorial Hospital; Secretary, Miss I. Matheson, 51 Elgin St.; Treasurer, Mrs. R. W. Stevenson, 9 Yarwood St.; Executive Committee, Misses Crane, Campbell, Cook, Malcolm, Birt, Parker.

Representative to "The Canadian Nurse"—Mrs. Thomas Keith, 18 Horton St.

THE TORONTO GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Snively, 50 Maitland St.; President, Miss Clara Brown; First Vice-President, Miss Florence Jones; Second Vice-President, Miss Anne Wright; Recording Secretary, Miss Gretta Ross; Corresponding Secretary, Miss Lorena Chute; Treasurers, Miss Eva Christie and Miss E. C. Bain.

ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO

Hon. President, Mrs. Currie; President, Mrs. Gray, 73 Manor Rd.; First Vice-President, Miss Goodman; Second Vice-President, Miss Dyer; Recording Secretary, Miss A. Bell, Grace Hospital; Corresponding Secretary, Miss M. Shaw, Grace Hospital; Treasurer, Miss E. Ogilvie, 334 Brunswick Ave.

Board of Directors: Miss Rowan, Miss DuVellan, Miss Lansbrough, Miss Emory and Mrs. Grant.

THE ALUMNAE ASSOCIATION OF GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO ONT.

President, Miss Edith Lawson, 130 Dunn Ave.; Vice-President, Miss Taylor, 130 Dunn Ave.; Secretary, Miss Nellie Chambers, 130 Dunn Ave.; Treasurer, Miss Lendrum, 130 Dunn Ave.

Representative to Toronto Chapter, G.N.A.O., Miss Helena M. Hamilton, 130 Dunn Ave.

Press Representative—Miss Brownlow, 744 Duplex Street.

Programme Committee—Misses Darment, Forman, O'Neill and Preston.

THE ALUMNAE ASSOCIATION OF THE TORONTO ORTHOPEDIC HOSPITAL TRAINING, SCHOOL FOR NURSES

Hon. President, Miss E. MacLean; President, Mrs. W. J. Smither; Sussex Court Apts., Vice-President, Miss Mary Devins; Secretary-Treasurer, Miss Lucy Loggie, 71 Grenville St., Toronto.

RIVERDALE HOSPITAL ALUMNAE ASSOCIATION (TORONTO)

President, Miss Armstrong, Riverdale Hospital; 1st Vice-President, Miss Jones, Riverdale Hospital; 2nd Vice-President, Miss Craig, Riverdale Hospital; Secretary, Mrs. Meen, 213 Keele Street; Cor. Sec., Miss Field, 185 Bain Ave.; Treasurer, Miss Craig, Riverdale Hospital; Board of Directors, Miss McMillan, Riverdale Hospital; Mrs. Christian, 226½ Wellesley Street; Miss Gastrell, Riverdale Hospital; Mrs. Quirk, 60 Cowan Ave.; Miss Whitlam, 35 De Lisle Ave.; Convener Sick Visiting Committee, Mrs. Paton, 27 Craig Ave.; Convener Programme Committee, Miss E. Scott, 340 Shaw St.; Representative to Central Registry, Misses Marsden and Hewlett; Representative to Toronto Chapter, Miss Hammel, 30 Victor Ave.; Private Duty Section, Misses Davidson and Barrett.

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN, TRAINING SCHOOL FOR NURSES, TORONTO

Hon. President, Mrs. Goodson; Hon. Vice-President, Miss F. J. Potts; President, Mrs. Langford, 71 Springmount Road; 1st Vice-President, Miss Fenton; 2nd Vice-President, Miss Taylor; Recording Secretary, Miss Grace Morris; Corresponding Secretary, Miss Clarke, 406 Rushton Road; Treasurer, Mrs. McKerracher, 131 Woodbine Ave.; "The Canadian Nurse" Representative, Mrs. T. A. James, 165 Erskine Ave.; Conveners of Committees: Sick Visiting, Miss Kerr; Social, Miss Halliday; Programme, Miss Hughes; Representative to Toronto Chapter, G.N.A.O., Miss Austen; Representative to Private Duty Section, Miss Crossland.

THE ALUMNAE ASSOCIATION OF ST. JOHN'S HOSPITAL, TORONTO

President, Miss E. R. Price; First Vice-President, Miss M. Haslett; Second Vice-President, Miss S. Burnett; Recording Secretary, Miss E. Isaac; Corresponding Secretary, Miss Q. Turpin; Treasurer, Miss R. Ramsden; Press Representative, Miss K. Jackabarry.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO

Hon. President, Rev. Mother Victoria; Hon. Vice-President, Rev. Sister Hieronyme; President, Miss M. I. Foy, 163 Concord Ave.; First Vice-President, Miss Hilda Kerr; Second Vice-President, Miss Eva Dunn; Third Vice-President, Miss A. Cahill; Recording Secretary, Miss K. Meader; Corresponding Secretary, Miss M. Larkin, 190 Carlaw Ave.; Treasurer, Miss A. Riordan, 17 Lockwood Ave.

Directors: Mrs. W. H. Artkin, Miss B. Cunningham, Miss J. Moore.

Regular Monthly Meeting: Second Monday, 8 p.m., in the Nurses' Residence.

VICTORIA MEMORIAL HOSPITAL ALUMNAE ASSOCIATION, TORONTO

Hon. President, Mrs. Forbes Godfrey; President, Miss Annie Pringle, 56 Isabella St.; Vice-President, Miss Dorothy Greer, 228 Cottingham St.; Secretary, Miss Flora Kerr, 52 St. George St.; Treasurer, Miss Jean Hamilton, 48 Hammersmith Ave.

Regular Meeting—First Monday in each month.

THE ALUMNAE ASSOCIATION OF THE WELLESLEY HOSPITAL TRAINING SCHOOL FOR NURSES, TORONTO

Hon. President, Miss E. G. Flaws; President, Miss Ina Onslow; Vice-President, Miss Ruth Jackson; Recording Secretary, Miss Aileen Harrison, 45 Woodlawn Ave., East; Corresponding Secretary, Mrs. J. W. Rush, 335 Jarvis St.; Treasurer, Miss Reina Sparrow, 124 Blythwood Road; Executive Members, Misses Jessie Campbell, Rose Latourney, Andrina Caldwell and Delena Legate; Correspondent for "The Canadian Nurse," Miss Helen Carruthers, 12 Bedford Road, Representatives to the Central Registry, Misses M. Ferguson and I. Onslow; Representative to Toronto Chapter G.N.A.O., Miss Ella Bastian.

TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Beatrice Ellis; President, Miss Marion Wylie, Toronto Western Hospital; First Vice-President, Miss Grace Sutton, Toronto Western Hospital; Secretary-Treasurer, Miss Marjorie Agnew, Toronto Western Hospital; Recording Secretary, Miss Minnie Barford, 21 Lincoln Ave.; Visiting Committee, Misses Beatrice Braden and Mary Floyd; Representative to Toronto Chapter G.N.A.O., Miss Gertrude Wiggins; Representative to "The Canadian Nurse," Miss Margaret Johnston, Toronto Western Hospital; Councillors, Mrs. Annie Yorke, Miss Jessie Cooper, Mrs. Bell, Misses Anderson, Hornsby and Lindsay.

Meetings—Second Tuesday in each month, at 8 p.m., in Assembly Room of Hospital.

ALUMNAE ASSOCIATION OF THE WOMEN'S COLLEGE HOSPITAL, TORONTO

Hon. President, Mrs. H. M. Bowman, Superintendent; President, Miss I. Ennis, 204 Geoffrey St.; Vice-President, Miss I. Chadwick, 153 Havelock St.; Secretary, Miss Lois Shaw, 564 Gladstone Ave.; Recording Secretary, Miss Mae Roberts, 123 Nairn Ave.; Treasurer, Miss Myrtle Scott, 416 Runnymede Rd.

THE ALUMNAE ASSOCIATION, TORONTO FREE HOSPITAL TRAINING SCHOOL FOR NURSES, WESTON, ONT.

Hon. President, Miss E. MacP. Dickson; President, Miss O. Gipson, 80 Bond St., Toronto (Supervisor of Nurses); First Vice-President, Miss Bobbette, Gage Institute, College St., Toronto; Secretary-Treasurer, Miss M. Lennie (Night Supervisor), Toronto Free Hospital.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss Francis Sharpe; President, Miss Gladys Mill, R.N.; Vice-President, Miss Winnifred Higgins, R.N.; Recording Secretary, Miss M. H. Mackay, R.N.; Assistant Secretary, Miss Annie Hill, R.N.; Corresponding Secretary, Miss Gladys Jefferson, R.N.; Treasurer, Miss Evelyn Pears, R.N.

Regular Monthly Meeting—Second Monday, 8 p.m.

GRADUATE NURSES' ASSOCIATION OF THE EASTERN TOWNSHIPS

President, Miss D. Stevens; 1st Vice-President, Miss N. Arguin; 2nd Vice-President, Miss M. Grant; Corresponding Secretary, Miss H. Buchanan; Recording Secretary, Miss H. Hetherington; Treasurer, Miss C. Wiggett; Representative to "The Canadian Nurse," Mrs. G. Edwards.

LACHINE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss B. Willett; President, Mrs. R. Wilson; Vice-President, Miss B. Lapierre; Secretary-Treasurer, Miss F. E. Howes.

Regular Meetings—Second Monday of each month at 8 p.m.

MONTREAL GRADUATE NURSES' ASSOCIATION

President, Miss Phillips, 750 St. Urbain St.; 1st Vice-President, Miss C. Watling, 29 Pierce Ave; 2nd Vice-President, Miss Florence Thomson, 165 Hutchison St.; Secretary-Treasurer, Miss Susie Wilson, 638A Dorchester St. W.; Registrar, Miss Lucy White, 638A Dorchester St. W.; Convener of Griffentown Club, Miss G. H. Colley, 261 Melville Ave., Westmount.

Regular Meeting—First Tuesday in each month at 8.15 p.m.

A.A. CHILDREN'S MEMORIAL HOSPITAL, MONTREAL

Hon. President, Miss Willoughby; President, Miss D. Osmond; Vice-President, Mrs. Moore; Treasurer, Miss Parry; Secretary, Miss Hylliard; Representative to "The Canadian Nurse," Miss A. Carter, 312 Drummond St.; Sick Visiting Committee, Miss Grimes, Lincoln Ave.; Members of Executive Committee, Misses Laite and Watson.

Regular Meeting—First Monday, 8.30 p.m.

MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss N. G. E. Livingston; President Miss Frances L. Reed; 1st Vice-President, Miss S. E. Young; 2nd Vice-President, Miss A. E. Lang; Treasurer, Miss Ruth Stericker, 372 Oxford Ave.; Treasurer Sick Nurses' Benefit Fund, Miss H. Dunlop, 223 Stanley St.; Recording Secretary, Miss E. M. Robertson, Montreal General Hospital; Corresponding Secretary, Mrs. Donald A. White, 10 Seaforth Ave.; Executive Committee, Miss F. M. Shaw, Miss M. K. Holt, Miss F. E. Upton, Miss T. Davies, Miss McGarocher. Representative to "The Canadian Nurse," Miss A. Jamieson, 10 Bishop St.; Representatives to Local Council of Women, Miss Colley, Mrs. Evans. Sick Visiting Committee, Convener, Miss McMartin, 6141 Sherbrooke St. W.; Misses K. H. Brock, C. Watling and M. Des Barres.

THE ALUMNAE ASSOCIATION OF THE HOMEOPATHIC HOSPITAL, MONTREAL QUE.

Hon. President, Mrs. Helen Pollock, President Miss M. Richards; Vice-President, Miss J. O.Neill; Secretary, Miss C. Crossfield, 1104 Tupper Street; Assistant Secretary, Miss D. Porteous; Treasurer, Miss H. O'Brien.

Sick Visiting Committee—Miss N. Horner (Convener), Miss D. Smith.

Social Committee—Miss E. Routhier (Convener), Miss E. Barr, Miss J. Lindsay, Mrs. H. Glazebrook.

"The Canadian Nurse" Representative—Miss I. C. Garrick, 4 Oldfield Ave.

Regular Meeting—First Thursday, at 8 p.m.

ALUMNAE ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, QUE.

Hon. Presidents, Miss Draper, Miss Henderson, Mrs. Hunt and Miss Hersey; President, Miss Elsie Allder; First Vice-President, Miss Marguerite Bellhouse; Second Vice-President, Miss M.:y Pickard; Recording Secretary, Mrs. Roberts; Corresponding Secretary, Miss Amy Stoddard; Treasurer, Miss Mable Darville; Treasurer Pension Fund, Miss Milla MacLennan; Executive Committee, Miss Goodhue, Miss Davidson, Miss B. Stewart, Mrs. Stanley; Representative to "The Canadian Nurse", Miss Grace Martin; Representatives to Local Council of Women, Miss Hall, Miss Bryce; Sick Visiting Committee, Convener, Mrs. M. J. Bremner, 225 Pine Ave., West (Uptown 3861).

Regular Meeting—Second Wednesday at 8 p.m.

THE ALUMNAE ASSOCIATION OF THE WESTERN DIVISION, MONTREAL GENERAL HOSPITAL.

Hon. President, Miss Jane Craig; President, Miss Elizabeth Wright, 30 Souvenir Ave., Montreal; 1st Vice-President, Miss E. MacWhirter; 2nd Vice-President, Miss Edna Payne; Secretary, Miss Anna Scullin, Western Hospital; Treasurer, Miss Jane Craig, Western Hospital; Conveners of Committees: Membership, Miss Grace Gerard; Finance, Miss E. M. Byers, Sick Visiting, Miss V. Lucas; Programme, Miss M. Johnston.

THE ALUMNAE ASSOCIATION OF THE WOMEN'S HOSPITAL, MONTREAL

Hon. President, Miss E. F. Trench, Women's Hospital; President, Mrs. A. Crane, Women's Hospital; First Vice-President, Miss M. A. Seguin, 534 Rivard, St.; Second Vice-President, Miss E. L. Francis, Womens Hospital; Secretary-Treasurer, Miss Morrison, 1120 St. Viateur St.

Sick Visiting Committee—Mrs. Kirke and Miss Corlette.

Representative to Private Duty Section—Miss Seguin, 534 Rivard St.

Representative to "The Canadian Nurse"—Miss E. L. Francis, Women's Hospital.

Regular Meeting—Third Wednesday, at 8 p.m.

A.A. SCHOOL FOR GRADUATE NURSES, McGILL UNIVERSITY, MONTREAL, P.Q.

President, Miss F. H. Upton; Vice-President, Miss Nash; Sec.-Treasurer, Miss H. Chagnon, 233 Fairmount St. West, Montreal; Representatives to Local Council of Women, Miss Martin and Miss Babson; Representative to "The Canadian Nurse" and Convener of Committee of Teaching Section, Miss Sharpe; Conveners: Administration Section, Miss McCammon; Public Health Section, Miss Matthews; Reception and Programme Committee, Miss Lilly.

ALUMNAE ASSOCIATION OF JEFFERY HALE'S HOSPITAL, QUEBEC

Hon. President, Miss M. Shaw; President, Miss Mayhew; First Vice-President, Miss May Lunam; Second Vice-President, Miss Fellows; Corresponding Secretary, Miss M. Jack; Recording Secretary, Miss E. Matheson; Treasurer, Miss M. Fischer; Councillors, Miss F. L. Imrie, Miss G. Waldron, Miss E. Walsh, Miss Daisy Jackson, and Miss A. Maga; Representative to Private Duty Section, Miss E. Walsh; Representative to "The Canadian Nurse," Miss H. A. MacKay; Conveners of Committees: Sick Visiting, Mrs. D. Jackson and Miss E. Jack; Refreshments, Miss F. L. Imrie and Miss Adams.

ALUMNAE ASSOCIATION OF THE SHERBROOKE HOSPITAL, SHERBROOKE, P.Q.

President, Mrs. Roy Wiggett; 1st Vice-President, Miss E. Buchanan; 2nd Vice-President, Mrs. Gordon Mackay; Corresponding Secretary, Mrs. Wm. Giovetti; Recording Secretary, Mrs. Guy Bryant; Treasurer, Miss E. Morrisette; Executive Committee, Mrs. Colin Campbell, Mrs. Chas. Bartlett, Mrs. A. H. Baker, Miss I. Brash, Miss Nora Arguin; Correspondent to "The Canadian Nurse," Miss Gladys White.

THE GRADUATE NURSES' ASSOCIATION OF MOOSE JAW, SASK.

Hon. Advisory President, Mrs. Harwood; Hon. President, Miss H. Riddell; President, Mrs. Handrahan; First Vice-President, Mrs. G. Lydiard; Second Vice-President, Mrs. W. Ironside; Programme Committee, Miss L. Wilson; Social Committee, Mrs. McGregor; Constitution and By-Laws Committee, Miss T. Colbourne; Joint Welfare Committee, Mrs. Phillips, Miss Blair; Press Representative and Registaar, Miss C. M. Kier; Secretary-Treasurer, Miss Ida Lind.

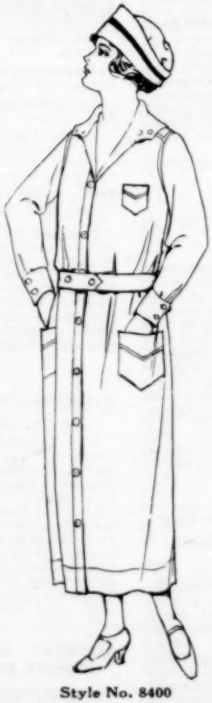
"I cannot see how you can improve your uniforms, in either cut, material, price, or workmanship. They are unusually neatly made, well shaped, and the material is fine."

Above testimonial refers to the uniforms carrying the C.C. Label.

Name and address furnished on request.

C NURSES C UNIFORMS C

Style No. 8100



Style No. 8400

Style No. 8200

MATERIAL	PRICE (exclusive of caps)
Middy Twill	$3.50 each or 3 for $10.00
Corley Poplin	6.50 each or 3 for 18.00

MADE IN CANADA BY

CORBETT-COWLEY

Limited

Post-paid anywhere in Canada when money order accompanies your order.

96 Spadina Ave. TORONTO

314 Notre Dame St. W. MONTREAL

We allow for shrinkage, simply give Bust and Height measurements.

Remineralization

of the System, following infection or shock, is one of the fundamental axioms of therapeutics.

Compound Syrup of Hypophosphites "FELLOWS"

contains chemical foods in the form of mineral salts and dynamic synergists in an assimilable and palatable compound, and has established its reputation as the *Standard Tonic* for over half a century.

Samples and literature on request

Fellows Medical Manufacturing Co., Inc.
26 Christopher Street **New York City, U. S. A.**

LISTERINE

A Non-Poisonous, Unirritating, Antiseptic Solution

Agreeable and satisfactory alike to the Physician, Surgeon, Nurse and Patient. Listerine has a wide field of usefulness and its unvarying quality assures like results under like conditions.

As a wash and dressing for wounds
As a deodorizing, antiseptic lotion
As a gargle
As a mouth-wash dentifrice

Operative or accidental wounds heal rapidly under a Listerine dressing, as its action does not interfere with the natural reparative processes.

The freedom of Listerine from possibility of poisonous effect is a distinct advantage, and especially so when the preparation is prescribed for employment in the home.

LAMBERT PHARMACAL COMPANY

263-5 ADELAIDE STREET WEST, TORONTO, CANADA

The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses' Association

Vol. XXII. WINNIPEG, MAN., FEBRUARY, 1926 No. 2

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Editor and Business Manager:—
JEAN S. WILSON, Reg. N., 609 Boyd Building, Winnipeg, Man.

FEBRUARY, 1926

CONTENTS

		Page
Our Profession	*Mrs. Rebecca Strong*	59
Greetings from Baroness Mannerheim		61
Communicable Disease among Nurses	*Dr. H. B. Cushing*	61
International Nursing Education		63
International Council of Nurses, Headquarters		65
Nursing as a Profession in France		66
The Present-Day Relation of Doctors and Nurses	*Dr. Elliott C. Carter*	67
Why Increased Education for Nurses?	*Mrs. John H. Lowman*	73
Experiences in a Red Cross Outpost		76
The Place of the Young Volunteer in Social Service Work	*Elsie Watt*	78
What We Owe the Eye		80
Book Reviews		82
Department of Private Duty Nursing: Make Your Income Serve You	*Edith Charlton Salisbury*	83
Department of Nursing Education: Teaching Materia Medica	*Margaret S. Fraser*	87
Department of Public Health Nursing: Junior Health League Classes		89
Department of Student Nurses: The Study of Nursing in a Psychopathic Clinic	*Cora M. Argue*	93
Canadian Army Medical Nursing Service: Unveiling the Memorial		94
News Notes		96
Official Directory		102